DOCUMENT RESUME

ED 104 510 JC 750 299

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TITLE A Survey and Assessment of Admission Policies to Resolve the Problem of Oversubscription of Applications.
PUB DATE Mar 75
NOTE 75p.; Practicum presented to Nova University in partial fulfillment of the requirements for the Doctor of Education degree

EDRS PRICE MF-$0.76 HC-$3.32 PLUS POSTAGE
DESCRIPTORS Academic Standards; *Admission Criteria; *College Admission; Educational Opportunities; *Junior Colleges; *Open Enrollment; Political Attitudes; Public Education; Public Opinion; *Public Relations; School Community Relationship
IDENTIFIERS *Delaware Technical and Community College

ABSTRACT

Because the nursing department at Delaware Technical and Community College receives applications from more potential students than it can accommodate, it can no longer accept all applicants. The class which began in September 1975 was selected by a random selection process; this gave rise to numerous objections from rejected students, parents, employers, legislators, and other influential groups. This study was designed to examine this process in terms of its adherence to the college's "open door" philosophy, to review the admission procedures used by other "open door" colleges, and to recommend a process to be adopted by DTCC for admission to the nursing program and to any other program with more applicants than can be accommodated. A questionnaire seeking information about admission policies and public reaction to them was sent to 30 public "open door" colleges offering nursing programs; 22 (73 percent) responded. All possible options for admission methodology were outlined and the pros and cons of each were clearly delineated. The author recommends that DTCC (1) adopt a system of random selection with increased opportunities for reapplicants and an automatic acceptance at a specific point, and (2) begin a dynamic public relations activity to inform the public of the system selected and the rationale upon which it was chosen. Pertinent literature is reviewed and the questionnaire is appended. (Author/DC)

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ED 104 510

A SURVEY AND ASSESSMENT OF ADMISSION POLICIES TO RESOLVE THE PROBLEM OF OVERSUBSCRIPTION OF APPLICATIONS

by

Sister Joseph Leo DeFrank, M.S.

Delaware Technical and Community College

A PRACTICUM PRESENTED TO NOVA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF EDUCATION

NOVA UNIVERSITY

March 19, 1975

JC 750 299

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I. INTRODUCTION

For the first time in its comparatively brief history of seven years, Delaware Technical and Community College finds itself facing a problem of oversubscription of applicants to a single technology; namely, associate degree nursing. There is further indication from advance interest shown that the proposed dental hygiene program willpresent similar, if not greater problems when initiated in the near future. Data processing, while a program in great demand, does turn away many perspective students but with adequate counseling, these are effectively guided into other technological oriented fields without adverse reaction.

Delaware Technical and Community College, a state tax supported institution, proposes in its statement of philosophy to "provide an open door, two year, comprehensive program of education and training beyond the high school level", and goes on further to define, "open door presupposes a variety of curricula to match the interests and abilities of a diverse student population". More specifically, in the objectives of the college, determined by the Board of Trustees, it is clearly directed that the college "insure that individuals of all ability levels have access to all programs".

Derived from these mandates, the Student Affairs division developed admission policies that would assure for every citizen of Delaware (and those outside the state boundries, if spaces were available in the desired interest curricula) an equal opportunity to follow the educational path of their choice. Since it is recognized that this could well revert into a "revolving door" instead of an open one, one that the less educationally prepared individual could enter, flounder a bit and than be forced to withdraw because of inability to meet the demands of the curricula offerings, the college recognized the need and instituted the means whereby remediation would be provided to make success rather than failure the rule. Traditional testing

policies, depending on high school performance and recommendations were minimized in deference to counseling devises and prediction tests that would assist in determing minimum readiness for entrance into a specific technology.

It was further recognized that some licensing, certification, approval and/or accreditation requirements might place a need for modification of admission policies for some technologies. Since the college does recognize and accept the need for state and national surveillance to assure quality of education in these areas, these modifications have been made despite their restrictive nature and possible exclusiveness of a certain segment of society that may be prevented from gaining access directly to the technology. This point is made here because it could well provide the loophole for forced selectivity of nursing students, if approval bodies were to respond to pressure exerted by varying influences from the political and societal community.

The associate degree nursing department will graduate its first class in June 1975. The class of 60 to begin in September 1975 has been selected by a random selection process. There have been numerous objections and reactions to the process from rejected students, parents, employers, legislators and other influential groups. This practicum proposes to examine the process used in light of its adherence to community college philosophy and nursing technology needs, to review policies in other programs similar in institutional philosophy and/or nursing educational beliefs, to access the outside and internal pressures that attempt to influence the policy as it now stands, and to present recommendations for alternatives to the present policy that will minimize external reactions yet substantiate the desired dedication of the nursing program to the philosophy of the college.

II. BACKGROUND AND SIGNIFICANCE

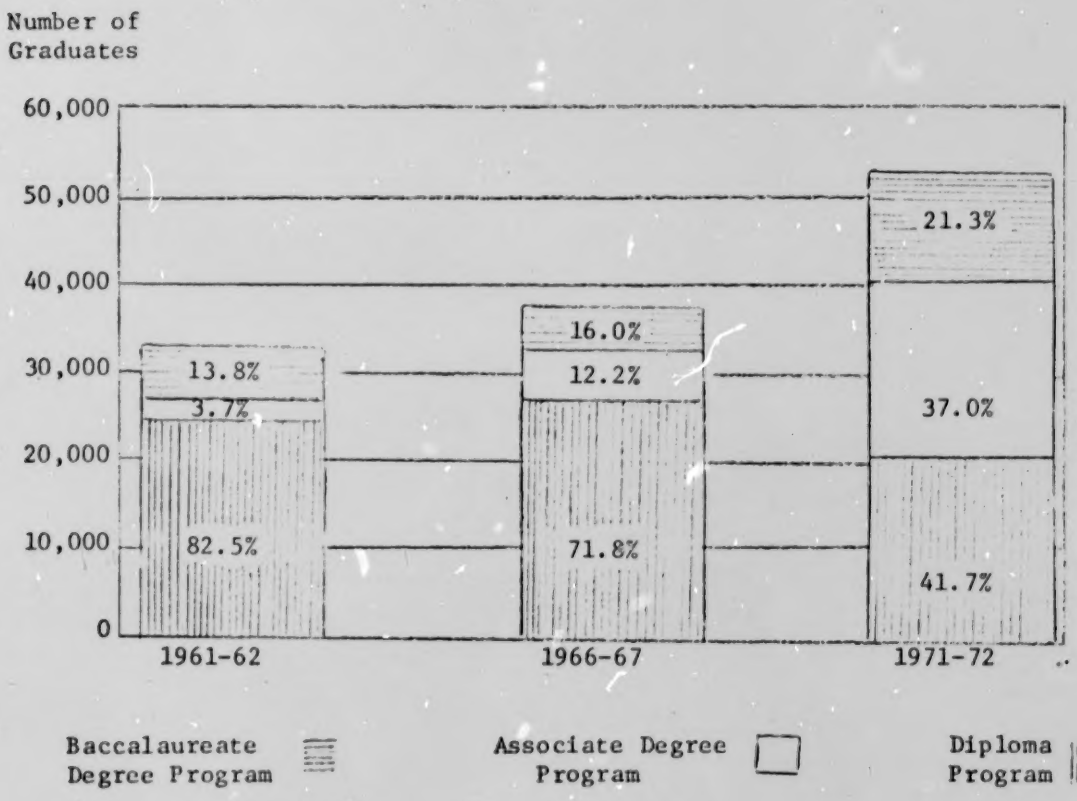
Historical Significance and Need

When Delaware Technical and Community College responded to the recommendation of the Governor's Advisory Committee on Comprehensive Health Planning in Delaware (1972) that stated:

"An associate degree program in nursing be established in New Castle County to meet the increased need for staff nurses which existing program cannot meet in the next decade.",

they were aware of the need and the appropriateness of an associate degree nursing program in the comprehensive community college. Across the country as seen on the chart below taken from Facts About Nursing (1973), there has been a tremendous increase in graduates from nursing programs. While in 1961-62 only 3.7% of the over 30,000 graduates were from associate degree programs, by 1971-72 the percent had risen to 37% of over 50 thousand graduates.

CHART I
STUDENTS GRADUATED FROM INITIAL PROGRAMS
OF NURSING EDUCATION --R.N.,
ACADEMIC YEARS 1961-62, 1966-67, 1971-72



SOURCE: National League for Nursing
State-Approved Schools for Nursing - R.N., 1968-1973
Prepared by American Nurses' Association, Statistics Dept., 1973

There was definitely a marked increase in nationwide interest in health career areas with nursing very high on the list. From 1970 to 1972 enrollments in the three basic nursing preparatory programs increased as seen in the following chart:

CHART II
INCREASED ENROLLMENT BY PERCENTAGE IN
NURSING EDUCATION PROGRAMS 1970-73

NURSING PROGRAMS	PERCENT OF INCREASED ENROLLMENT
BSN	34%
ADN	23.8%
Diploma	2.8%

A look at the number of students in these programs at the same time indicates a decided change in the total population and associate degree programs begin to outnumber all others in nursing.

CHART III
STUDENT REGISTRATION BY NUMBER IN
NURSING EDUCATION PROGRAMS 1970-72

STUDENT REGISTRATION NURSING PROGRAM	NUMBER OF STUDENTS REGISTERED
BSN	27,357
ADN	36,996
Diploma	29,801

The basic causes for the marked national interest in nursing education at this level stemmed from several sources both historically and socially. As far back as 1901, Richard Cabot (Harty, 1968) held the very liberal and far-ahead-of-his-time view that nursing should be in a college where a broad and solid basis could be laid.

Again in 1923, a committee reported that professional nurses should be prepared in institutions of higher learning indicating that: ". . . the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields"

(Goldmark, 1923). Yale began its nursing program as a result of this study. Just three years later, the cost of education for nurses became a problem and another study determined that private and public funds should support the program and not the hospital (Committee on the Grading of Nursing Schools, 1928). The Ginzburg Study (1941), and the Brown Report (1948), reiterated the need for the transfer of education out of the hospital setting and onto the campuses of colleges and universities. Yet, the ensuing years saw only a few scattered attempts by senior colleges to bring about this change.

At the same time, the societal demands for nursing also took on a new facade. Complexity in a widely diverse arena of services exacted differentiation and specialization by function. Scarcity of medical personnel required greater expertise in observational and judgmental skills. Patients were caught up in the turmoil as nurses were torn between the demands of the technical advancements, the score of clerical tasks, and the needs at the bedside. A five year study, begun in 1950 and published in 1958, records this upsetting and discouraging picture of nursing during this period (Hughes, Everett, et al., 1958). The people wanted, and were beginning to demand, a nurse who was competent to face the complexity of the situation and, at the same time, was available and caring in the tradition of the bedside nurse. In other words, their demand for a highly skilled person was accompanied by a charge for a bedside technician -- the one on the nursing continuum who would take care of the intermediate nursing function.

New looks were taken at the definition of roles. Organizations began working side by side in determining clues to the solution of the demand for more nurses. Better utilization seemed the answer but this required, first, a careful analysis of functions and delineation of levels of practice. From this emerged a three step pattern or continuum -- namely the professional, the technical, and the assistive; and the unequivocal statement in 1965 by the American Nurses Association which has been the subject of much controversy ever since. Though not accepted and often argued at all levels, the basic tenets of this position have not been altered; i.e., education for all nursing should take place in institutions of higher education; minimum preparation for beginning professional nursing practice should be a baccalaureate degree education;

and minimum preparation for bedside technical nursing practice should be at an associate degree level (Position Paper, 1965).

The development of the associate degree nursing concept used this nursing continuum notion and was a first back in 1952 because it was the result of prior planning and was not the result of historical accident. It was not conceived as a revision of curriculum in an existing program. It was not an attempt to shorten a too long diploma program. It was not a plan without a firm set of beliefs upon which to build. It was, in fact, the first and only nursing education approach to be developed through sound research methodologies.

Selection of the Community College for Nursing Education

That nursing would select the community college to develop this technical nurse seemed inherent in the very concept of the institution itself which has been called variously community, junior, opportunity, and commuter colleges. Each of these titles indicates a particular or unique feature of this type of educational approach.

Community indicates its goal to meet the local needs. Thus, Geitgey (1967) emphasizes the necessity for involvement in community activities so that local needs may be ascertained, studied and programs developed and implemented to meet these particular requirements; be they simple as a home nursing course for housewives (if the local public health nursing or local emergency room facilities are overworked) or a refresher course (if the citizenry includes enough mothers-of-age who would now be free to return to nursing if they could catch-up).

The appellation junior indicates the limitations of the college in its goals. Unlike the senior college or university, where, in a four year span, students emerge with a competence in critical thinking based on a specifically selected, well-rounded background of knowledge that could culminate in leadership roles in multiple facets of societal endeavors, the junior college is geared to what Kibrick (1968) describes as the production of "a skilled practitioner with a circumscribed set of activities." The title junior also seems to indicate the elimination of two goals of higher institutions of learning, research and publication,

with the resultant emphasis on the teaching role of a college to meet the student needs in general, technical, vocational, and/or remedial areas.

The term opportunity college seems to spell out the unique adaptation by these institutions of an open door policy to allow for the realization of full human potential for anyone who may wish it. Thus, as Geitgey (1967) described, there are found in these college settings, very heterogeneous groups of students. Differences in educational opportunities in their past, in educational and life goals for their future, in levels of intellectual ability, in age and socio-economic status contribute to this melting pot where individual curricula and advancement at individualized speeds contribute to this democratic goal of education for all.

Also implied in this term, as well as in others, is the idea of funding. In the past, higher education, for the most part, was limited to those financially able to assume the cost. Though college costs have spiraled due to increased technology and widened specialization in all areas of knowledge. The need for expanded faculties to cope with increased number of student registrations, and generalized raises in the cost of daily living, have necessitated larger and larger budget allocations. Nonetheless, the prestige of a college-based education and the status such a background gives, have awakened the citizenry to the acceptance of higher education for all as a matter of social conscience. Thus, tax supported community colleges bring this educational opportunity to all who wish to avail themselves of it. Nor has this proved a loss to the neighborhood involved. Rather, Parse (1967) reported that the financial assumption through taxes by the community has proved a benefit to both citizen and district. Studies showed that although graduates of junior colleges are not compelled to remain in their locale, they tend to keep their competence in the home town areas.

Finally, the term commuter college indicates an essential feature of such programs, i.e., their location close to the homes of potential students. This point was made in a study by Medsher and Teilery, reported in the New York Times on November 28, 1970, recorded by DeChow (1971), and was seen again in Landes' (1969) study when she states, "they are presumed to be geographically within easy reach of members

of the community interested in continuing their education."

Location is the particular advantage, among all those listed by Parse (1967), which opens nursing opportunities to the married woman whose household obligations require living at home. It eliminates the financial burden of on-campus living and alters the college milieu in that heterogeneity statistics include a much older student. These points are proven in surveys in California (Emil et at., 1964) which showed one third of students in junior colleges were older than the average coed and one fourth of them were parents. The Presidents' Commission on Higher Education for Women (Parse, 1967) also reported that women now need educational provisions for the post-family years (35-40) as well as post-high school.

Development of the Concept at Del Tech & Community College

Delaware nursing educators did not respond as quickly as most states to the studies that urged movement into the community college. The apparent reason for this lag was the lack of a tax supported community college in the state until 1966 and its fairly restricted prominance to the southern part of the state until 1969 when geographically it opened a northern branch. By 1969-70 local interest among nursing educators was aroused by the recommendations of the Lysaught Report and the pressures of hospital boards to assess costs. Planning began and the first students were admitted in the Fall of 1973 to Delaware Technical and Community College.

In the development of the program, several characteristics defined by the National League for Nursing Department of Associate Degree Programs were adhered to. One of the most important of these was the control of the program by the total college. Nursing must not be seen as an autonomous unit in the college. It must rather fit into the pattern of the total college, from philosophy to the scheduling of classes. Administration in this department must follow that set up for any other program in the institution.

A second belief concerns the learning experiences for students. These must be carefully planned and organized with little left to chance. Flexible, yet always logical, avoiding all unnecessary repetition, the faculty plans, organizes, and implements the nursing core material and experiences.

Along this same line is the belief that learning experiences for the technical nurse should be in any place where the student could learn without interruption. Thus a wide variety of community facilities may be utilized.

Since the emphasis of the entire college is to be community-centered and community-serving to meet specific educational needs of individuals or groups within the college or the community, the nursing curriculum too must be developed along this same vein. Thus there cannot be such a thing as the associate degree program. The defined role, as seen by the specific community for a technical nurse, must be determined and a curriculum set up to meet these needs.

The program too is seen as a combined one with approximately fifty percent given to general education and fifty percent to nursing education. This must be consistent with all other technical programs in the college. As such, it would seem impossible that a summer session just for nursing practice could be justified.

Students in the program must be admitted, promoted, suspended and/or graduated under the same policies as all other technical programs. As such, they enjoy the same status as other students with responsibilities and privileges of the total student body with whom they should intermingle. This is an impossible expectation if the school of nursing is geographically situated off-campus or in the hospital compound.

Faculty too must be selected on the same basis as are all faculty and enjoy the same privileges. As such, come the responsibilities for participation in the total college faculty activities and functioning on total faculty committees.

Financially, the nursing programs must be supported from the same resources and in the same manner as other programs in the college.

Finally, the philosophy should define the product of the associate degree program as complete or terminal and eligible to write for state licensure. At the same time, the credits earned could be applied towards a baccalaureate degree should the graduate wish to pursue her education further. It is noted though, that should too many of the graduates select this latter course, a careful scrutiny of the admission policies should be made to ascertain the validity of the screening process, if one is utilized, or the guidance given in cases of open door admissions.

Response to Citizens to the Program

Since the program at Delaware Technical and Community College promised to adhere to the basic philosophy of the state community college system which told its citizens that they were interested in them as individuals and would do what was in their power to assist them to reach a goal they had set for themselves, there was a very positive response to it from many circles. Many so-called educationally disadvantaged saw in this an opportunity for them to get into a nursing program that would provide them with the remediation needed for them to enter and succeed in the profession. Many minority students in New Castle County fell into this category as did their counterparts described by Blewett (1973) in nearby Pennsylvania. Said Blewett, "They have been victims of a collapsing and ineffective urban education monstrosity," and, "while urban students score in the first percentile on standardized tests, suburbonites residing less than 20 miles away are scoring in the 99th percentile." He then sums up this observations making application to health professional education:

> "Since our professional education system is based on a certain level of secondary achievement, we must recognize that minority students need to be provided with academic reinforcement, if they are to successfully negotiate our professional schools."

Quinn (1973) further reinforces the need for the college to offer opportunities for the minority and/or educationally disadvantaged in

order to offset some of the psychological trauma inflicted on them by prior experiences. Regarding the student moving into the new college scene, he says:

> ". . . most of them have not been particularly successful people. They lack the social ease of those whose parents whose parents went to college, the confidence of those who have always been near the top of the class," and later, ". . .such students are forced to do double duty: they have to catch-up on the elementary mechanics of composition and math at the same time their intellectual energies are absorbed by the concepts and ideas they encounter in regular classes,"

Licensed practical nurses saw it as an opportunity to move ahead in their chosen career despite those factors that prevented their entrance initially into an RN preparatory program. While many of them, because of finances or lack of time, had originally made application to the schools of practical nursing, others had applied initially to professional programs either at the hospital diploma or baccalaureate levels and because of highly selective policies for admission in these institutions, they were rejected. Most of these selective policies included the use of standardized tests of various types. Branch (1973) describing attempts of WICHE's program on Nursing Faculty Development to meet minority group needs states that "one way to enroll minority students, particularly those with poor academic background, is to abandon timeworn admission standards."

Mathency (1970) spoke of the period of "the tyranny of the tests," an era when,

> "The criterion of success, for both the student and the institution, was the ability of the student to complete the particular obstacle course the institution devised for him. The validity of this criterion has never been satisfactory defended."

She went on further to state that:

> ". . .if open admission become a widespread reality, the practical nurse level would completely disappear if the federal government would only quit pouring money into this particular quicksand."

Statistics in Facts of Nursing (1973) further demonstrated that in 1972, 4,427 licensed practical nurses were admitted to 696 registered

nurse programs. The associate degree nursing programs appeared to be the most popular choice. Eleven percent of ADN admissions were licensed practical nurses. This can be related to the de-emphasis of community college admission policies on standardized pre-nursing testing. It was further noted that in a local diploma program where one of these tests was a requirement with a 40% cut-off, there were no minority applicants who qualfied.

Still other Delaware citizens saw the tax supported community college as the vehicle which could economically provide them with the opportunity for education. McConnell in McGraths' book (1966) referred to the presidential campaign of Lyndon Johnson who "declared that every qualified student should have the opportunity for education beyond the high school" and further quotes that 1964 Education Policies Commission as saying,

> "Unless the opportunity for education beyond the high school can be made available to all . . . then the American promise of individual dignity and freedom cannot be extended to all."

Choi (1973) speaks for total state support for community colleges and emphasizes that:

> "Assuming that all students have about equal mental ability but different levels of readiness for learning, the concept of equal amount of fiscal support per unit of educational need still is not equitable in light of varying individual educational needs."

In Delaware the state legislature was to assume total support of the community college and though a minimum tuition was to be assessed each student, numerous avenues of financial aid were established to further assure that no Delaware citizen would be refused education because of lack of funds.

Many older persons also felt that the community college with its emphasis on the individual and his particular needs, made a nursing career feasible despite the gap in their age and the absence of specific requirements in their now outdated high school transcript. Generally speaking, Delaware community college students seem to coincide very closely with Skaggs (1973) description:

> " . . . he is seventeen, eighteen, thirty or fifty-five. The community college is a people's college, and people of all ages come to it -- and this fact is especially true of enrollments in allied health programs. He may be a high school graduate, or he may not! He may be academically in the upper levels of his class, or he may barely be able to read and write! He may be intensely motivated, or have no goals or objectives and be in the community college because there was no where else to go. He may be affluent and park his own car on the campus lot everyday or so poor that everyday is a fiscal agony. He may be anyone and everyone, for versatility is the name of the game, and the community college student has no "typical" image."

Description of Admission Policy at Del Tech & Community College

To meet the needs and expectations of these students and at the same time to adhere to the college objective requiring assurance that individuals of all ability levels have access to an education, an open-door admission policy was adopted for college wide use with only one limitation. It was felt that the student must be a high school graduate or the equivalent, or at least eighteen years of age, and be able to benefit from instruction.

The open door policy is not universally accepted by all community college systems despite ideas expressed by Matheney (1970):

> "That higher education should be available to all who desire it is only an extension of an idea that has deep roots in American thinking".

Many objections have been raised to an open admission policy. Some accept the fact that the system theoretically offers not only open opportunities to education but also to economic, political and social opportunities otherwise unreachable for most.

But they then say the college must lower standards to admit everyone and doom students to failure or, as commonly referred, place them in a "revolving door" situation. While it is true that the very term connotes the idea that not all who enter the door are equally equipped to succeed in their choice of career, it is equally true that there is a need to redefine what higher education really is. It is also imperative that if a college prefers to follow the policy which according to Branch (1973), "swings open a door that usually locks out the poor and the less scholarly students," the college must also

also assume what Matheney (1970) describes as "a moral obligation to provide students with the opportunity to master the necessary educational tools." This implies supportive services that may provide remediation as well as money to support such services. It implies sensitizing faculty to recognize and find means of meeting the needs of each student.

Further,,this obligation demands individualization not only in the preparatory or remedial work and in the financial support, but to go further and initiate a process of self-paced learning to give minority and other disadvantaged, either economically or educationally, a better chance to experience success by removing them from the confines of time spans for completion of predetermined packages of knowledge. Delaware Technical and Community College has accepted the remediation obligation and determines this by the administration of the CGP (Comparative Guidance and Placement Test) to each applicant. In the department of nursing as well as with the majority of other technologies (the exception being those who have certification and/or accreditation requirements that spell out other requirements), the students who do not meet the 40 percentile are advised to register for a pre-health remedial program. Further the nursing department provides for individualization through a self paced program that allows each student to move through the learning process at an individualized pace that allows for mastery of both theoretical and clinical objectives.

Other objections to the open door policy include fears that it will result in a two tract system in the college, one that separates the better prepared and academically secure students from those poorly equipped for learning as a result of prior experiences socially, economically and educationally. Some go so far as to suggest that campus disorder have become more prominent since the advent of open admissions. Matheney (1970) again speaks to this objection:

> "We have had campus disorders without open admissions and some of the most selective higher education institutions have been among the hardest hit."

Finally it has been proposed that open admissions drives away bright students. In a 1973 DHEW publication it is reported that in

in nursing education over 65% of students in baccalaureate programs were from the top quarter of high school graduating classes, 49% of diploma students and 37% of associate degree students. Certainly in Delaware in the area of nursing this has been true for some of the greatest external pressure to change the policy for admission has been initiated by students with high academic ability.

While the objections to the open admission policy seem to fall short in the face of reality, Healy (1973) does warn us of some factors that are essential in adopting this procedure. While the institution may well be committed to the educationally disadvantaged, they could not "throw out" or displace the highly qualified. This will be seen again as a part of the problem that faces Delaware Technical and Community College as they are pressured for change in the policy by the "highly qualified" who feel they are being displaced when they should be "top priority" according to more traditional standards. Healy (1973) also stresses the need for more careful advising during registration by counselors; for more precise and sensitive testing for diagnostic purposes, and for strong remediation programs especially reading, english, mathematics and social sciences. He then sums up the process by stating that institutions adopting open door policies must be:

> ". . . interested in preparation and not in measurement; they would be free to move through the sequences as swiftly as their wits, skill, and diligence could carry them."

Procedural Changes for the Department of Associate Degree Nursing

When the initial approval was forthcoming from the Delaware State Board of Nursing in 1973 and recruitment began for the first class in the associate degree nursing program, the student service department and the counselor assigned to the program had every intention to follow the same procedure for admission as they did in all other technologies. The fortieth percentile had been agreed upon as the minimum point on the CGP for entry into the nursing technology. Multiple conferences with the director of the program and supplemented

by research in the nursing literature oriented the counselor who would be conducting the interviews to the expectations and requirements of nursing for the student by way of motivation, academic ability and personal characteristics. By mid January, despite the lack of a formal recruitment effort, there were more than ample applications. They were handled on a strictly "first come, first serve" basis -- the same process that had and still is very successful in most technologies in the institution. Of the 70 applications received, 40 were accepted after determination of qualification was made. Fifteen percent of the class selected were minority students. Ten additional students were allowed to begin the first quarter as a "waiting list", knowing that they may either take the spot vacated by a student who "dropped" or who did not meet a specific requirement determined by the nursing department. (Recognizing that the difficulty level of Anatomy & Physiology fairly accurately paralleled that of nursing, it had been determined that to offset the danger of total failure for students who showed difficulty with Anatomy & Physiology, they should space their learning so that the two equally difficult subjects would not be studied concurrently. Thus, they might spend the first year mastering the general education portion of their total curriculum including the Anatomy & Physiology ,and then ,utilizing self pacing, move into the area of nursing during the second). Still another ten were selected from among those who did not reach the 40 percentile on the CGP for the pre-health technology program.

Since this was the intial class for the nursing department and since they could not be fully accepted until after the State Board of Nursing approval was received, and since there had not developed a back-log of students with already completed general education curriculum requirements, this first class selection did not bring outside reaction to any extent. Most reaction came from within as college staff expressed surprise over the rapidity of applications for a new program.

In 1973 the class was again selected on a "first come, first serve" basis but with multiple complications. Again there was no formal recruitment process in operation. Word of mouth, the panic

aroused by a hospital based diploma program declining to take admissions, and the news that traveled like a "ball of fire" of opportunities opening for the licensed practical nurse -- all these played a part in the drama that began on October 1st. On that day, the college officially opens registration. Many, out of fear of not "getting in" wanted to get applications in early. Others feared the inefficiency of the mail service and therefore, hand-carried their credentials. At any rate, by the afternoon of the first day of October, there were substantially more applications than could be accepted for the program. There was no way of knowing which came first. By October 18th, the department officially closed application acceptance with 120 to that date. Of these, 50 were selected, including 12% black minority and 4% male. The final decision, somewhat on a first come, first serve basis was felt to be quite subjective. The admission seemed very dependent on the reliability of the postal service more than anything else. Many were unhappy and voiced their disappointment openly and strongly. While the counselors had tried to fulfill the equal opportunity clause in the community college philosophy in their selection, they too concurred that the process was unsatisfactory. Discrimination might well have been found but the intent was never present to be such.

By 1974 it became apparent that a new procedure had to be formulated. It had to offer an equal opportunity for all eligible Delaware citizens who wished to study nursing in the community college environment. It had to acceed to the demand of the Affirmative Action Plan in effect by this time in the college. It had to consider the multiple societal segments that placed applications -- both the new high school graduates and the older persons; the male and the female; the educationally, economically, and socially disadvantaged and the educationally, economically, and socially elite, the persons with prior nursing experience and the unexposed aspirant to nursing. It had to be such as to remove as much of the subjectivity as was humanly possible from the selection process. It could not accept all the applicants who wished to gain entry. Much study and research went into the development of the process. Informal consultation was sought with the National League for Nursing staff personnel conversant with the problems confronted by associate degree nursing programs

across the country. A campus committee consisting of members of both administration, student services, and nursing considered many processes. A procedure was eventually adopted. While many held certain reservations about it, it was approved by administration and affirmative action personnel as being non-discriminatory and appropriate for the community college dedicated to equal opportunity.

To offset the possibility of dependency on the mail carrier's efficiency to get an application "in-on-time," a time span was set from October 1st through October 31st for acceptance of all applications. None would be accepted prior to or after these dates. During orientation session with all the high school counselors in the New Castle County area, this was stressed along with the rationale for the entire system. One hundred and ninety applications were received. All these were subsequently administered the CGP to determine minimal qualification status. One hundred sixty-eight were then assigned as potential students. The remaining were placed in a pool from which would be selected eleven (20%) for the pre-health technology. The manner of selection was decided to be that of a random selection. This was felt to be the only way to give equal opportunity to all eligible students. Many expressed fears that it might turn out to be discriminatory and that it might well be that we would have a class that would be exclusive -- either all white or all black; without a male distribution despite the 12 eligible applicants; with a predominance of recent high school graduates or with a major portion all licensed practical nurses. None though at that point, either within the committee itself or among the consultations sought, could offer a more feasible solution. Besides the experts for the appropriate statistical areas offered assurance that there would be a proper balance. To make the random selection, the following process was followed very carefully.

1. All qualified applicants were placed in numerical sequence based on the last five digits of their social security number.
2. A three digit number beginning with 001 was assigned to each of the above.

3. A student was asked to draw a card from a pool of cards numbered from 1 to 400. Four hundred coincided with the number of pages in the Rand Corporation book of A Million Random Digits.
4. Beginning on the page number so selected, counselors of the nursing department matched the last three digits of the five digit numbers as they appeared in the book until the quota of 62 applicants were selected. The selection was observed and verified by the dean of Student Affairs and the chairman of the Mathematics Department.
5. Selected numbers were then attached with applicants names.
6. These applicants became potential candidates for admission to the nursing technology or for the waiting list pending a satisfactory interview with the counselor as the last step in the admission process.

As a result of the random selection based on social security numbers and the successful interview, 62 applicants were admitted for the nursing program. Approximately 11% of these are black minority. Six of the 12 males or 50% of those who made application were drawn. Since there are 8 in the pre-health technology who have met requirements and 5 others who have either recycled Anatomy & Physiology or from the waiting list of last year, there are guaranteed spaces left for only 47 of the 62 names drawn. The remaining 12 are placed on the waiting list for drops or recycles.

External & Internal Pressures that Attempt to Influence Policy

Many prospective students reacted to the method of selection as soon as it was described to them. Some were satisfied that it was just in that it would give everyone at least an equal opportunity but expressed a great deal of emotion based on what they described as their past experience with luck at chance. Others went further to friends in the legislature, on school boards, to influential clergy or to other

faculty in the college for explanation or assurance of "help to get in." The vast majority of these telephone calls resulted in an apparent understanding by the person calling with a promise to explain to the constituent or friend (sometimes friend of a friend).

When the date of the selection drew near and letters for interview began to be received, there seemed to be immediate reaction from the not-so-lucky applicants. Telephone calls were numerous but none seemed to satisfy the caller. By this time, numerous objections had been formalized against the policy. Many were put into writing. Said one letter:

> "I believe to some extent a random selection is fair. However, it is my feeling that some consideration should be made for a person's age, previous education, whether they have applied before and not been selected, the fact that evening courses are presently being taken, and to some extent, the scores received on the CGP tests taken."

Another letter felt that:

> ". . . It would be more fair that those who missed the first year and have completed much of the classwork (and have met all other requirements) should be accepted before those students who have not taken any of the classwork at all."

A major concern involved the very real possibility of time and money wasted with no positive assurance of acceptance into the program.

> "In the letter that I received telling me I was not accepted, it also made statements to the effect that I could have my application reactivated again in October 1975 for the 1976 class; but, the fact that I had previously applied would not influence my position. . . . Why should I bother with evening courses and why even reapply since it is a case of pure "dumb luck" to be accepted."

By this time though, letters were coming from others in the professional world. A leader in the field of neurosurgery , one doctor wrote on behalf of his medical secretary who he felt had been dealt "an unfair and discriminatory blow." He went on to list the merit she presented in her application including high morals, good intellect, ambition, a presentable and highly motivated personality. He further stated the difficulty an intelligent person must experience in trying

to understand the fairness of the random selection by social security numbers instead of merit, morals, quality, and intellectual promise.

Finally he offered a set of criteria to be considered in choosing professional people.

1. "They be based on the merit of the individual not randomly selected.

2. Those qualities which are needed in nursing should be looked for in the student.

3. One should at least follow the traditional ways of choosing people to serve the community. One wants to get the best product possible from the applicants and that is by testing them intellectually, morally, etc."

All letters or telephone calls were not addressed to the Department of Nursing or to the student services/counseling area. As Banfield (1961) expressed, they seemed to recognize that influence is ". . .the ability to get others to act, think, or feel as one intends." This could not be tossed aside as influential because as Dahl (1970) stated:

> "Indirect influence might be very great but comparatively difficult to observe and weigh. Yet to ignore indirect influence in analysis of the distribution of influence would be to exclude what might well prove to be a highly significant process of control in a pluralistic society."

One knowledgeable woman wrote directly to the Executive Director of the State Board of Nursing with copies to the president of the college and local campus director. In it she stated:

> "I would like to go on record before the Board of Nursing in Delaware, as a concerned resident and student as being opposed to this method of choosing students. I know of no other institution where students are chosen on a basis of a social security number, and not on the basis of their academic standing, motivation, and willingness to establish their goals for life and to pursue them with all diligence. I would strongly like to suggest that the Delaware Board of Nursing give this matter their careful consideration, and perhaps even offer the school some constructive direction, so as to avoid further problems within the community of nurses and the medical profession. There has to be and there must be a more equitable method of choosing students for a nursing education."

Other calls came to other members of the total college staff. Not having experienced in the short history of the college a situation where there was such competition for entrance and such an unwillingness to accept another technology in place of their first choice, these faculty/staff unwittingly compounded the problem as they felt "there must be a mistake" and "I'll see what I can do." Still others, unknowledgeable but very student oriented, agreed that the process was not equitable and recommended checking out the policy with more influential persons or groups.

Board of Trustee members were high on the list of individuals felt to be influential and therefore, recipients of letters and calls. One especially responded with a great deal of sympathy for the concept that in the case of so many applicants, only the most highly qualified should be accepted. This was to begin a series of external influences upon the board that would eventuate in the placement of the nursing department admission policy on the agenda for total board consideration and decision.

Legislators, both at the state and national level responded to their constituents pleas for intervention on their behalf. Almost daily, the campus director related and described the problem to legislators in the hopes of gaining support for the college attempts at equal opportunity for all. All were invited and many responded to a tour of the new campus and an opportunity to see first hand the results of their legislative deliberations to establish and yearly fund the community college endeavor.

Perhaps, the most influential and responsive pressure came from the office of the Attorney General where it was felt that selectivity was imperative in such a situation and that there had been a gross misinterpretation of the concept of equal opportunity for all. Initial contact was made by a highly intelligent young lady who felt her ability and past experiences should give her first opportunity for admission over either the educationally disadvantaged or the unproven recent high school graduate.

Despite the pressures and legal realities of affirmative action, civil rights and equal opportunity, the stand taken by this office in conversations with the writer and with the campus director, was on the side of a highly selective admission policy. Subsequently letters from the deputy in the Attorney Generals office, were addressed to the Delaware

State Board of Nursing for clarification and information and to the college Board of Trustees for consideration and change.

Still another pressure, while negative, and coming from within the present student population, cannot be totally excluded. The first two classes were selected on a first serve basis. Many are border-line and some admittingly by the counselors who admitted them are very definite risk students. Still others are the products of a pre-health program of studies, now under study, that attempted to apply the necessary remediation needed to allow them to succeed in the technology. These were not re-evaluated at the completion of the year and were assured admission to the nursing program. Thus, many of these have shown great weaknesses recognized not only by faculty but by peers as well as seen in one of the letters addressed to the Board of Nursing:

> "Many of the students selected into this nursing program are exhibiting a lack of interest and discontent with the nursing program at Del Tech for a variety of reasons. Some have even stated openly that they are not certain why they applied for admission into the nursing program."

This minority, like many pressure groups, add to the ammunition of those who advocate a greater and higher selectivity. Ironically, many of these, through other influential minority groups, attempt to modify the program of studies by the elimination of the concepts of self instruction and self pacing to better meet the self defined needs of the educationally disadvantaged. At the same time, their attempts are being used by the other influence groups described in this paper to speak for the need of eliminating this very group from admission by use of highly selective tools for pre-nursing admission.

Already at the campus level where the process was initiated, there was felt a need for modification of the process to offset the very real possibility expressed in one of the correspondences.

> "I applied for the class of 1975 and was told I had met all of the requirements except that my name was not pulled in the lottery. Before the Fall of 1976, I will have completed all of the classes that are available without being in the actual program. I have no assurance that I will be chosen for 1976, 1977, or ever. My money and time has been wasted unless, I transfer to another school of nursing to which these credits may not be transferable."

It was being considered, if in actuality there would be equal opportunity, if these were given increasingly greater chances each year they reapplied. The Board of Trustees placed the item on their monthly agenda about this time and the campus director was invited to speak to the issue. What had seemed such a simplistic situation to them, suddenly was visualized as a problem requiring research and deep consideration. An ad hoc committee was set up to do this and report back at the next meeting. Their charge was to look at various options in college admission procedures, and to recommend for consideration of the board the most suitable for the community college setting faced for the first time with oversubscription of applications coupled with tremendous political and other external pressures for change.

III. PROCEDURES

Working with the ad hoc committee of the Board of Trustees, the writer, as Head of the Department of Associate Degree Nursing where the problem originated, shared much of the background materials gathered regarding the historical development and problems encountered in admissions policy development of schools of nursing. After describing the admission policies in effect since the incipiency of the nursing program and in order to arrive at the point of having specific recommendations for a change in policy, if such is deemed necessary, two basic procedures were initiated. One involved the use of a questionnaire to assess the admission policies in other colleges with nursing programs offering open door curricula. The other, growing out of the first, and after a brain-storming session of the ad hoc committee and campus representatives including counselors, deans, and the writer, was to outline all options seen as possibilities for admission methodology with the pros and cons of each clearly delineated.

Assessment of Policies in Other Programs

While there was consideration given to the policies in community colleges in the surrounding geographic area, it was recognized that many of these had similar problems and with more traditional approaches to nursing, felt the impact lessened by the use of more selective criteria. There were exceptions to this as one in a hundred mile radius with a total open admission policy and a very innovative self instructional program in

nursing. This school used a quota system with a minimum of 5-10% of the class males, 10% licensed practical nurses, and 10% minority. One half of all are young people; the other half from the older applicants. Interestingly enough they reserve five spaces each year for "pressures."

The college population selected for this study was that of a very specific group of nursing programs engaged in some form of open curriculum and other innovative approaches to nursing. These 30 schools were all selected in 1972 by the National League for Nursing as part of a group of 51 institutions to participate in an Open Curriculum Project in Nursing Education. Delaware Technical and Community College was among the schools selected to participate in this study. Other schools represent an integration of a number of variables as type of basic program, type of open curriculum pattern, geographic location, type of area (urban/rural) and financial support of the institution. Twenty-two states were represented. According to Lenburg (1974):

> "The selected programs were considered to be representative -- not necessarily the only or the best programs of their type. At least one program from each of six regions was selected. The committee diliberately selected programs to achieve a desired national and educational balance to promote the overall usefulness of the long-term study."

Open Curriculum was defined by the National League for Nursing and quoted by Lenburg (1972):

> ". . . a system which takes into account the different purposes of the various types of programs but recognizes common area of achievement. Such a system permits student mobility in the light of ability, changing career goals and aspirations. It also requires clear delineation of the achievement expectations of nursing programs; from practical nursing through graduate education. It recognizes the possibility of mobility from other health related fields. It is an interrelated system of achievement in nursing education with open doors rather than quantitative serial steps."

The objectives of the Esso Education Foundation and the Educational Foundation of America funded project was to determine optimum open curriculum practices and to establish national guidelines and procedures for the development of open curriculum systems. Schools in the project generally fall into four basic open curriculum patterns. (National League for Nursing 1973):

"I. A previously licensed student is admitted into a program especially designed to build on his prior level of nursing education. (The student is already either a Licensed Practical Nurse, or a Registered Nurse from a diploma or associate degree program.)

II. The student with some past education/experience in nursing or health-related programs is admitted with advanced standing into the regular basic nursing program. Such advanced standing may be achieved through credit examinations, or other means.

III. The student is admitted to a specially designed program which prepares for multiple exit credentialing. (This type of system may be referred to as a career ladder.)

IV. The student is awarded a degree or certificate on the basis of successful demonstration of acquired knowledge, rather than attendance and completion of a particular program. (This may be referred to as the external degree in nursing.)"

In the criteria for Selection of Pilot Project Sites (1973) it was clearly stated that:

> "The administration has developed operating policies which . . . b. support and sustain the educational concept of an open curriculum or where no overt policies regarding open curriculum have been written . . ."
>
> and
>
> "Nursing students are governed by the same general policies as all other students in the institution (such as admission, promotion, graduation, etc.)"

With these stipulations for admissions to the project and after three very educationally profitable encounters with the educators from these settings at the Open Curriculum Conferences, this group was viewed as a very responsive and responsible study population for this particular problem. Admission policies would almost for certain be liberal and open, if the objectives of the open curriculum were to be met. It was felt too that the far reaching non-traditional approaches would be met favorably by the interested public and thus, they would be most likely to have had or be experiencing presently a problem with oversubscription of applicants for their programs. Their interest and attendance at each

of the three national meetings as well as their near 100% response to questionnaires and requests for information by the project director, indicated a probable group from whom one could expect a high percentage response to a questionnaire. In actuality of the 30 schools selected, there was a 73% response after 3 weeks.

Questions posed included the basic support of the college, the presence of an "open door" concept, modifications for the nursing department if present, tests and/or high school expectations for admission, numbers of applications received, admission policy utilized, satisfaction level of the system, external reactions to the policy, and plans for change.

The input from these were collated and analysed to either support or offer alternate options to the specific factors questioned. Results will be presented through the ad hoc committee to the board to lend strength to the recommendations presented.

Development of Alternatives

Admission options for oversubscribed programs were developed after review of the questionnaire results described above, reference to the historical development of admission policies in community colleges, recall of past procedures used in the development of the associate degree nursing program at Delaware Technical and Community College, and consultation with selected community colleges in a five state area including Delaware. All options were considered as possible solutions while the advantages and problems of each were discussed and viewed from several vantage points. These were done in group conferences with the ad hoc committee of the Board of Trustees.

Presentation of Recommendations

Following this listing of options, the group will arrive at a consensus of opinion regarding the most feasible and workable plan for adoption by Delaware Technical and Community College. Keeping in mind that recent HEW rulings make it very clear that the policy for admission of students is the prerogative of the individual college, the committee is also aware that any present policy, even the basic college philosophy,

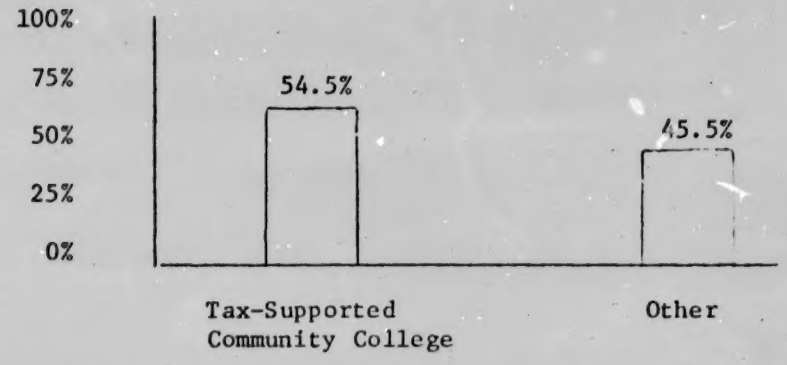
is subject to Board of Trustee revision. It is imperative then, that the option recommended be workable, explanable to the public, and acceptable to the Board unless there be a possible retrenchment from the philosophy of open education for all who desire it and who can profit by it in favor of the proponents and pressure exerted for selective admission.

IV. RESULTS

Of the Assessment of Policies in Other Programs

The assessment of policies in other programs was accomplished through the use of a questionnaire. Of 30 schools selected for study, there were 22 or 73% respondents. Of these, twelve were tax-supported community colleges. For the purpose of this report all the private diploma schools of nursing, private two year colleges and senior colleges and/or universities are considered under others which numbered 10 programs.

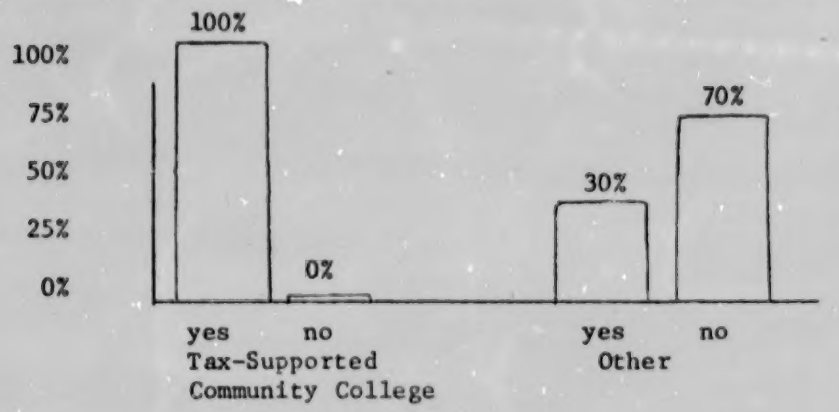
CHART IV
DISTRIBUTION OF STUDY POPULATION



As was expected from the make-up of the sample and the commitment to open curriculum, an "open door" concept was considered to be essential to the philosophy of the college. Combined there were 68.2% of the colleges operating under the "open door" admission philosophy. As seen on the graph below, there was a wide difference in acceptance between the two groups. All 12 tax-supported community colleges adhered

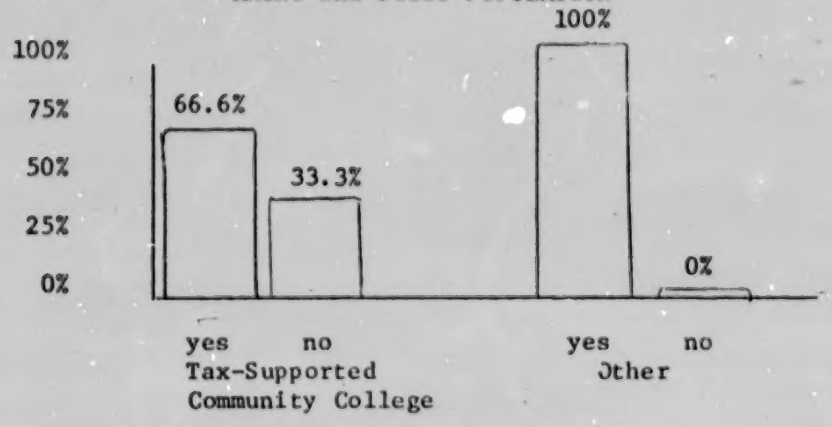
to the principle; only 3 of the others professed to accept the concept.

CHART V
ACCEPTANCE OF "OPEN DOOR" CONCEPT BY STUDY POPULATION



When asked if the policy was modified in any way by the college for the nursing department a variance was first noted. Only one third of the tax supported community college remained totally "open door." The other 8 (66 2/3%) admitted to some modification. Reasons given for the alteration in policy though were as expected because of national trends as described in nursing literature and as experienced by the writer in the Delaware area. The over-utlization of clinical facilities for practicum experience and the over-subscription of applications for admission to the program were the two factors mentioned.

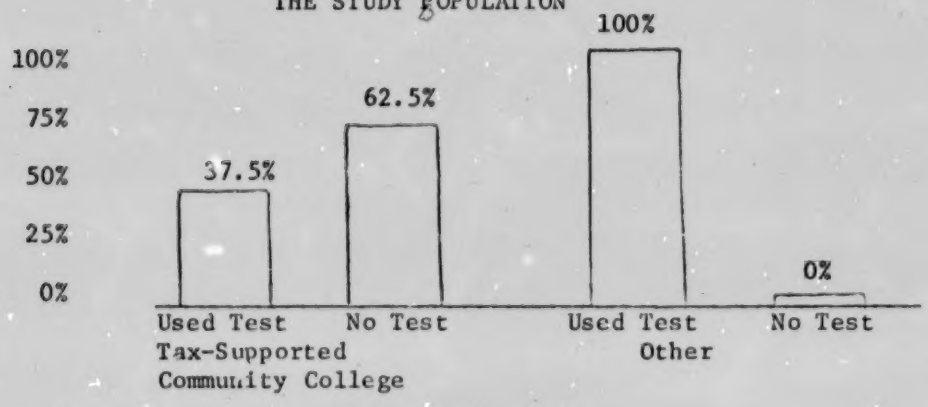
CHART VI
MODIFICATION OF THE OPEN DOOR
POLICY FOR THE NURSING DEPARTMENT
AMONG THE STUDY POPULATION



While modification of the program seemed to be necessitated for very realistic reasons, it was of interest to determine if the modification included a pre-nursing testing process that differed from other students entering the college.

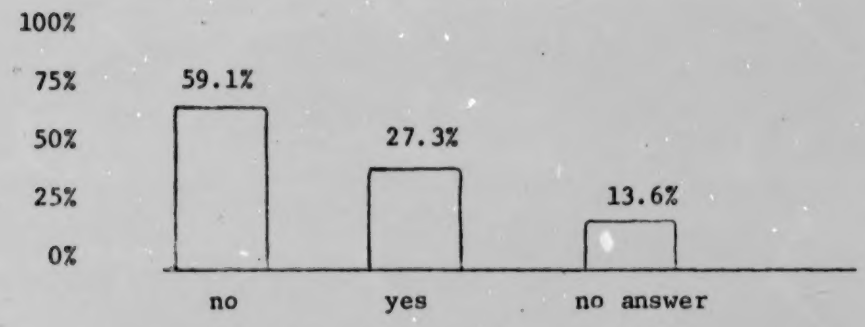
Of the eight community colleges who had modified their admission policy for the nursing department, three of these did so by altering the testing procedure. Of these one specified the requirement of college entrance examination; the others gave one of the pre-nursing guidance tests. The three other programs all followed some different testing procedure for students moving into nursing.

CHART VII
USE OF TESTS IN THE MODIFICATION OF THE OPEN DOOR POLICY FOR THE NURSING DEPARTMENT AMONG THE STUDY POPULATION



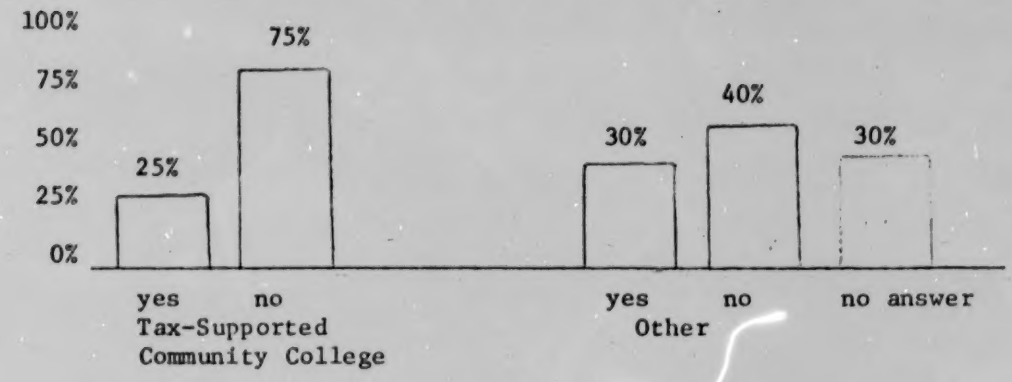
Viewed from the perspective of the total study population, the number of colleges in this group that test differently for the nursing department from other students coming into the college is significantly different. Stating there is no deviation in testing procedures for the nursing department were 13 or 59.1% of the total population. Six had some modification or 27.3% of the colleges surveyed. Three colleges (13.6%) did not respond to the question.

CHART VIII
MODIFICATION OF TESTING PROCEDURES FOR THE
NURSING DEPARTMENT IN THE TOTAL STUDY POPULATION



There is a consistency demonstrated when one looks at the breakdown of these figures among the programs according to classification of college. Both the tax-supported community colleges and the other schools demonstrate a larger proportion adheringto the policy of the mother institution in testing. Only 3 of the 12 community colleges altered the testing process while 3 of the 7 other colleges did so. Three other programs did not respond.

CHART IX
MODIFICATION OF TESTING PROCEDURES
ACCORDING TO CLASSIFICATION OF
COLLEGES IN THE STUDY POPULATION



Reviewing further the testing done in the tax supported colleges as part of pre-admission into the nursing department, there is a very wide variation. Since only three of the twelve differ from the testing required by all students entering the college, it is assumed that the

remaining testing and high school expections reflect the total college admission policy. Summarized, these show a fairly significant difference in interpretation of the "open door" concept proposed by each of these institutions. It may well be that, as in institution of the writer, there may be a policy that offers "open door" to the college but not to all technologies until specific criteria determined by the department, are met.

CHART X
TESTS UTILIZED IN "OPEN DOOR" TAX SUPPORTED
COMMUNITY COLLEGES AMONG STUDY POPULATION

I. Test Utilized that are Consistent in Total College

SCAT (2)
"Skills Test" (1)
English Coop (1)
ACT Placement Exam (1)

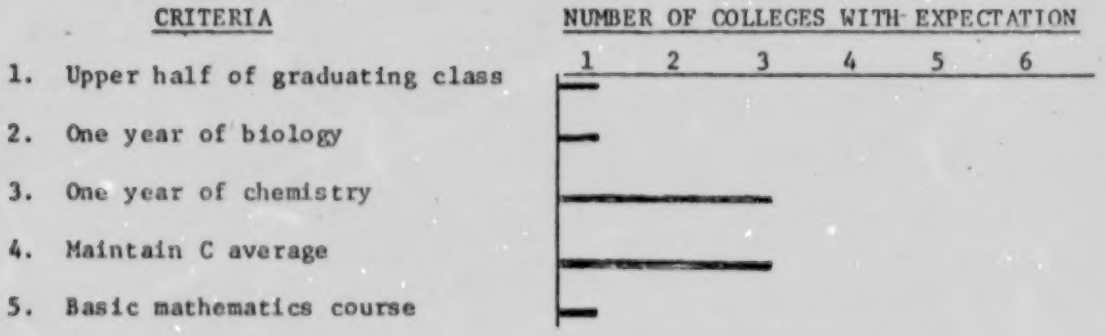
II. Tests Utlized that Differ in the Nursing Department From the Total College

SCAT (1)
ACT (1)
Psychological Corporation Pre-Nursing Entrance Test (1)

Of the three programs among the other colleges that professed an open door concept only one indicated that students for nursing were tested differently from the other applicants to the college. In this particular case, these students, besides the required ACT to get into the college, were also given the General Aptitude Test Battery.

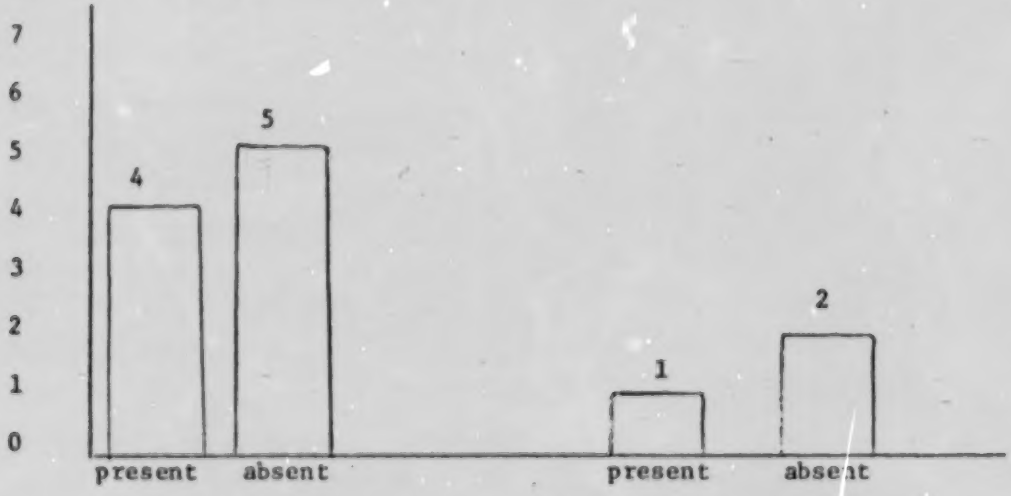
High school expectations again reflected the population of community colleges today with the large numbers of "older" students including late careers as well as those from other careers or those already in nursing but desirous of moving along the continuum of nursing practice. Of the twelve community colleges represented, seven indicated that the high school record was not referred to as a criteria for acceptance into the college. The remaining five varied in the expectations.

CHART XI
HIGH SCHOOL EXPECTATIONS FOR ADMISSION
TO THE COMMUNITY COLLEGE


CRITERIA
NUMBER OF COLLEGES WITH EXPECTATION
1 2 3 4 5 6
1. Upper half of graduating class
2. One year of biology
3. One year of chemistry
4. Maintain C average
5. Basic mathematics course

Community colleges with high school expectations did not correspond necessarily with those who differed in the testing procedure. Two of these in the latter catagory, while requiring a specific examination as noted previously on Chart IX, did not refer to the high school record when considering admission. On the other hand, five of the nine community colleges who did not alter admission expectations for the nursing department also did not look at high school performance as part of the admission procedure.

CHART XII
REFERENCE TO HIGH SCHOOL RECORDS AS PART OF ADMISSION PROCESS
IN OPEN DOOR COMMUNITY COLLEGES IN STUDY POPULATION



HIGH SCHOOL EXPECTATIONS

Colleges where testing procedures were same for all applicants to colleges.

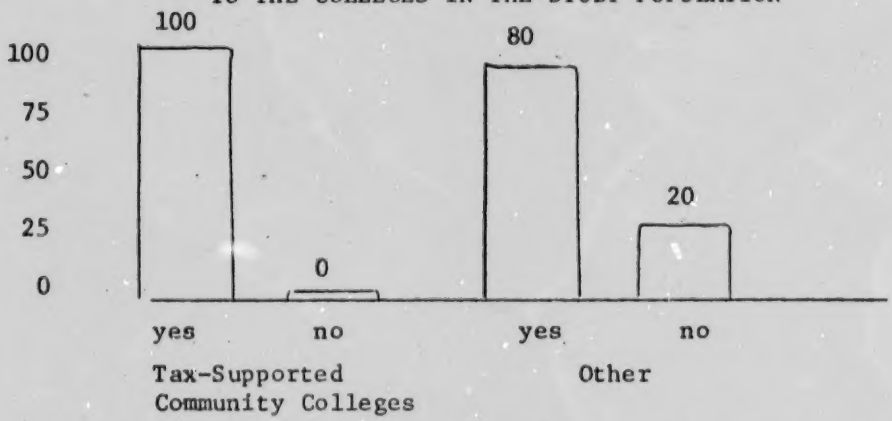
Colleges where testing procedures differed for students in the nursing departments.

A question on the survey addressed itself to the requirement of remedial work by students as a prerequisite to beginning the nursing curriculum in the college. Four colleges indicated this as a necessity or at least as a strong recommendation to correct weaknesses and to offset the possibility of failure. Since there were nine who indicated that there was no differentiation in testing policies for the nursing department, it seems appropriate to question, if this might represent a causative factor in the high attrition rate experienced by many community colleges. In nursing there seems to be no studies to indicate that the national attrition rate of approximately 40% is any lower with programs that adhere to selective admission criteria. While this is true, one is led to wonder if the concepts of self pacing, individualization, etc., so strong among the community colleges in the study population, might be further enhanced by a remediation process prior to admission to the technology to offset attrition. It is suspected that much of this is an on-going, concurrent process which could well lower attrition rates. Since the questionnaire did not ask the question about attrition all the above are mere assumptions and musings of the writer and possibly food for future study.

The particular area concerning high school expectations, testing, and remediation requirements were not analyzed for this study since it was felt that these would not be significant since only a small number (3%) of the respondents adhered to an "open door." Of these 3, only one stated a high school requirement of a "C" average but all held to some advancement criteria as grade point average or minimal scores for acceptance into the curriculum.

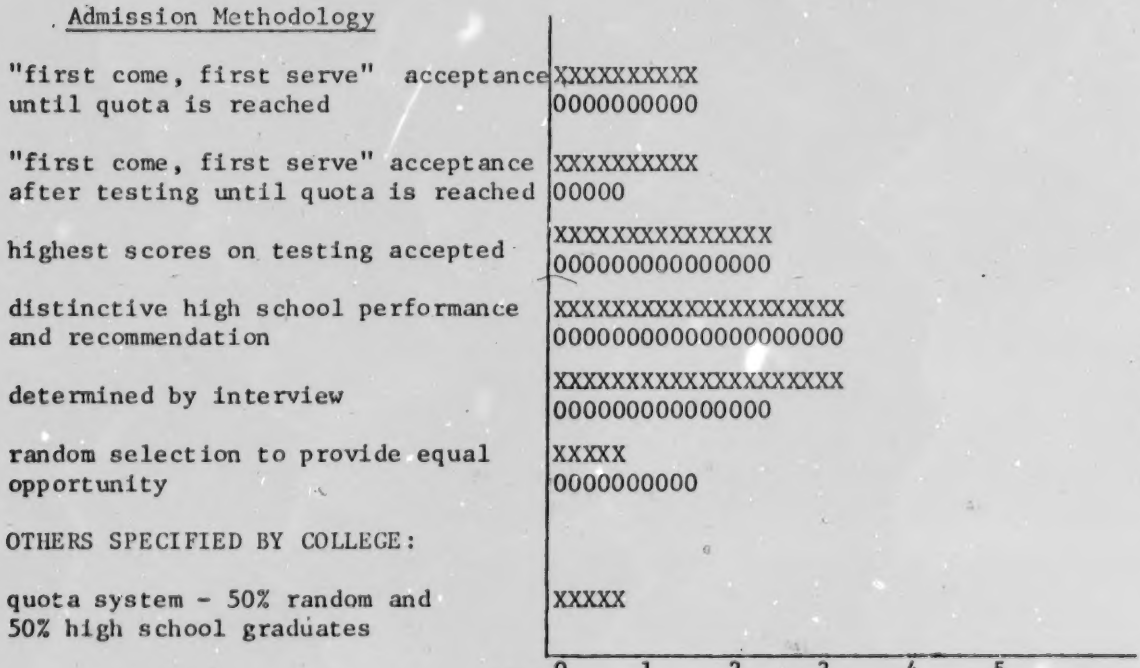
Closely related to the problem of this research project, a question was asked regarding the oversubscription of applications for nursing by the college. Here there was an overwhelming confirmation of a local experience. All but 2 programs (these being private institutions) reported a problem with more applications than could be accepted into the program each year. Of the total group this was only a 9% representation.

CHART XIII
OVERSUBSCRIPTION OF NURSING APPLICATIONS
TO THE COLLEGES IN THE STUDY POPULATION



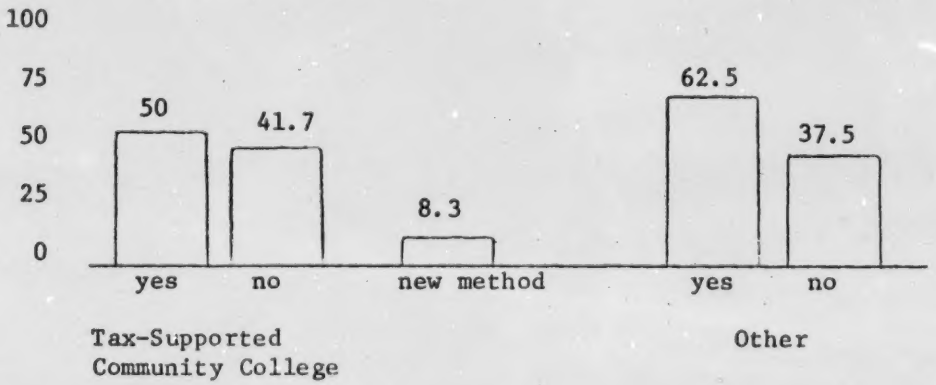
The programs were then asked to describe the general process utilized in handling the applications received. There was not in either group a consistently or overwhelmingly preferred method as seen in Chart XIV below. There were several who indicated a combination of criteria utilized.

CHART XIV
ADMISSION METHODOLOGIES UTILIZED
BY PROGRAMS IN THE STUDY POPULATION



When asked if there was any dissatisfaction with the process presently being used, there was mixed reaction. At least one community college was unable to answer since "this will be the first time to do it this way. Until this Spring, has been first come, first serve." Of the others,5 of the 12 community colleges indicated that the present method was not satisfactory. Only 3 of the 8 other colleges so indicated (2 were not oversubscribed so were not included here).

CHART XV
SATISFACTION LEVEL WITH PRESENT ADMISSION POLICY
FOR NURSING DEPARTMENT IN PROGRAMS OF OVER SUBSCRIPTION OF APPLICATIONS



The reasons stated for the dissatisfaction with the process presently employed were varied and seem to relate in some way to other factors in the admission policy and/or philosophy of the college. Since each is different, each dissatisfaction will be analyzed individually in light of the other data submitted.

Among the tax-supported community colleges, all of whom supported the open door concept, 5 indicated dissatisfaction.

College A stated their reason:

> "We do not have adequate testing, especially in area of aptitude and desirability for nursing." This program does not test their students any differently from other students nor do they adhere to any high expectations. They admit students based on interviews. Remediation is offered in the college in areas of weakness on an individual basis but this does not assure placement in the nursing curriculum. They do experience reaction to the program and feel they would like to change the present admission policy stating, "We want to begin using the NLN placement tests but haven't been able to get approval from

the administration as yet because of the open door policy of the school and our commitment to serving minorities."

College B

Feels their dissatisfaction is based on a need for a tool to test for maturity and attitudes. They do not test their students any differently from other students but these are required a 60% total on a SCAT and 25% on an English COOP test. High school performance is not seen as a criteria for admission. Students are admitted on the basis of highest scores on testing. They do offer remediation on an individual basis in the college and retesting after the program is completed but these are not assured admission to the nursing program. They do receive outside reaction to their policy and plan to change the policy in the near future, "to seek improvement in our selection procedure and technologies."

College C

Bases their dissatisfaction on the fact that, "applicants who were not previously selected because our quota had been met are given special consideration over recent applicants." This program does not test their students any differently from other students nor do they adhere to any high school expectations. Students are admitted on the basis of random selection to provide equal opportunity. Remediation is not offered and they do experience reaction to the policy as formulated. They plan to change the policy in the near future, stating "our admission policies were formulated in 1970, by the director during her planning period of one year prior to the admission of the first class of students. We feel now that with additional faculty our policies can be greatly strengthened."

College D

Feels satisfied but answered no for satisfaction based on "State Board would like to see exam result improvement." This program,consistent with the total college, does not test whatever for admission and a "C" average in high school performance is acceptable. Students are admitted based on high school performance and interview. Remediation is offered for a three month period at the completion of which a certificate as a Community Health Aide is awarded. These are not assured a place in the nursing curriculum. The program experiences minimal reaction to their policy and do plan to "continue searching for predictors. Greater selectivity because of greater number of applicants for available spaces."

College E

> Checked dissatisfaction with present policy but gave no indication of their reason as they see it. This college has no admission requirements and the nursing department adheres to these same policies. Students are admitted on a "first come, first serve" basis until quotas are reached. Remediation is not offered, nor is there any indication of plans to change the policy.

After reviewing the five community colleges dissatisfied with policies, one cannot help but question the commitment of some to the "open door" philosophy. Certainly to remove all barriers to the college as seen in College E and provide no process of remediation to make-up for inadequacies of past educational experiences is to contribute to attrition, failure,and an increased society of persons lacking in self-confidence and skills. Other faculties seem to be lacking in commitment or internalization of the philosophy basic to community college education as seen by those who seek for or insist on policies that discriminate against the educationally disadvantaged and give opportunities only to those of high academic standing. Recalling, Matheneys' (1970) view of these latter, she chides faculty saying "they will learn in spite of us".

Among the other colleges, three indicated dissatisfaction with the policy as stated:

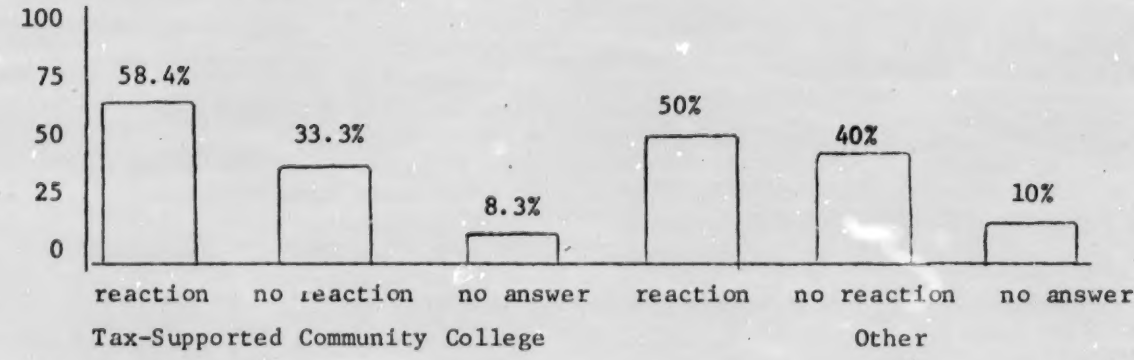
> College A, a senior university program with specific high school expectations and testing tools for admission felt that their policy, which looked for distinctive high school performance, was unsatisfactory because "high school record (or college record) does not always reflect academic ability".

> College B, another senior university was commited as a state institution to accept all students from the top 1/3 of the high schools on a space available criteria. Nursing has additional testing to determine "acceptable profile" but an affirmative action program at the college requires some random selection to provide opportunity. Political pressure is the basis for some applicant's acceptance. Their stated reason for dissatisfaction: "Too much pressure from administration to make exceptions. Faculty is discouraged. We have morale problems as a result and many faculty are discouraged about quality of students we must accept." They have experienced external and internal reaction to their policy including college administration and legislators. They have been mandated to continue to study the admission criteria.

College C is a senior state college with specific testing requirements for the nursing department and admission based on highest test scores. They base their dissatisfaction on "other factors that should be considered i.e., personality but at the present time we do not have the tools to evaluate these factors." They do receive reaction to their policy and plan to study and possibly change it in the near future for they find that "student performance does not always correlate with test scores.

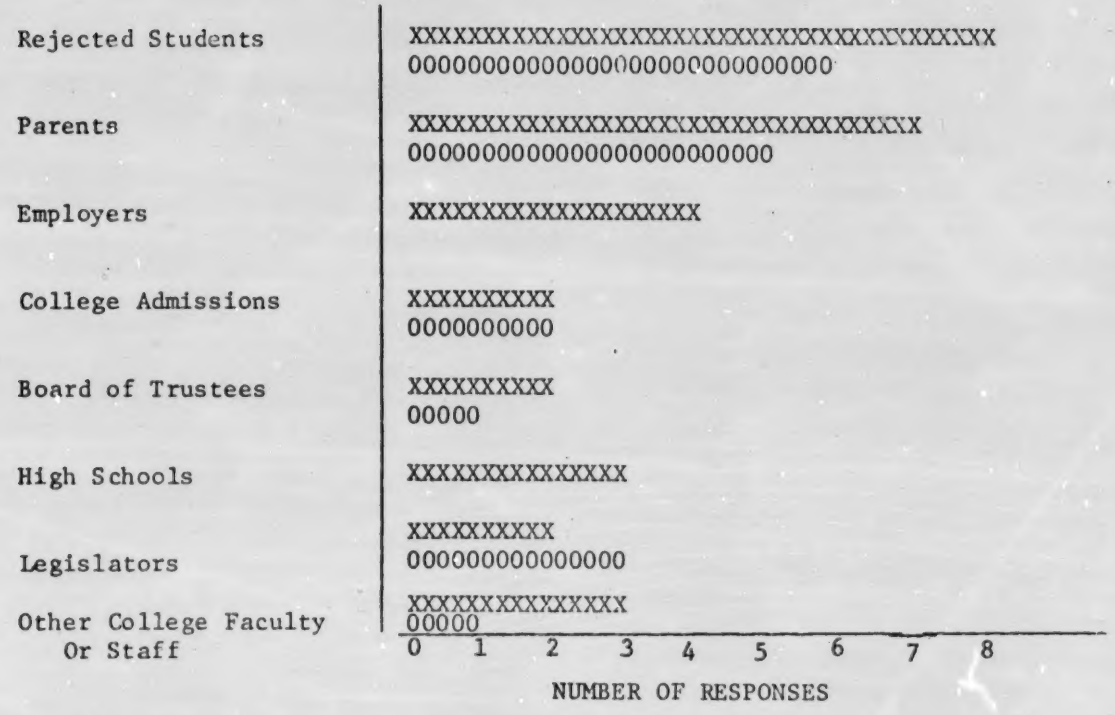
Inquiry was further made to elicit information regarding outside reactions to the admission policies of the nursing programs. Only 4 of the community college programs indicated that there was no reaction to the one they utilized. Four of the other colleges also indicated no problem.

CHART XVI
OUTSIDE REACTION TO ADMISSION POLICIES
TO NURSING PROGRAMS IN THE STUDY POPULATION



From whom were most of the reactions experienced? Answers were fairly consistent between both group of institutions.

CHART XVII
SOURCE OF REACTIONS TO ADMISSION
POLICIES IN THE STUDY POPULATION



X= Tax-Supported Community College

O= Other

An analysis of schools that experience no reaction versus those who do can be partially done with the information supplied by the questionnaire. Other variables as geographic location, proximity and number of other available educational facilities of similar types, ethnic and social-economic factors, and recruitment efforts could well affect the response. These were not solicited but could again be a topic for a sociological study.

Among factors that could be examined in this study, included relationship of reaction to procedure for handling admission policy and adherence to the "open door" concept without additional testing for those in the community college group. The following chart summarizes the 58.4% who did receive reaction.

CHART XVIII
ADMISSION POLICY REACTIONS ACCORDING TO PROCEDURE UTLIZED
AND ADHERENCE TO THE "OPEN DOOR" CONCEPT
WITHOUT ADDITIONAL TESTING AMONG
COMMUNITY COLLEGES IN THE STUDY POPULATION

PROCEDURE UTILIZED	PROGRAM							TOTAL
	A	B*	C*	D*	E*	F*	G*	REACTIONS
"first come, first serve" acceptance until quota is reached								
"first come, first serve" acceptance after testing until quota is reached								
highest score on testing accepted	X			X				2
distinctive high school performance and recommendation	X		X				X	3
determined by interview	X	X					X	3
random selection to provide equal opportunity					X			1
quota system - 50% random, 50% high school graduates						X		1

*by program number indicates policy was not modified by additional testing for nursing department.

While only one (A) of the programs utilized testings over and above those given to all students entering the college, three programs (B, E, & F) disregard high student academic achievement in the past in admitting students. These seemed to be comitted to equal opportunity as well as concerned with developing a system to offset discrimination against recent high school graduates or applicants with repeated "failures to get into" a nursing curriculum. While B is non-commital about the criteria they utilize in interview, the total adherence to the open door concept would seem to negate any discriminatory practices at present. This program though,would like to implement a pre-nursing exam to screen students further.

Chart XIX looks to the same information regarding community colleges who experience no reaction from the public sector.

CHART XIX
NON REACTION TO ADMISSION POLICY
ACCORDING TO PROCEDURE UTILIZED
AND ADHERENCE TO THE "OPEN DOOR"
CONCEPT WITHOUT ADDITIONAL TESTING
AMONG COLLEGES IN THE STUDY POPULATION

PROCEDURE UTILIZED	PROGRAM				
	A	B	C*	D	TOTAL NON-REACTIONS
"first come, first serve" acceptance until quota is reached		X	X		2
"first come, first serve" acceptance after testing until quota is reached	X				1
highest score on testing accepted					
distinctive high school performance and recommendation					
determined by interview					
random selection to provide equal opportunity					
quota system - 50% random, 50% high school graduates				X	1

* by program number indicates policy was not modified by additional testing for the nursing department.

In direct contrast to those programs who have experienced external reactions, these programs except for C have modified their admission policy for the department of nursing. Program A requires the use of the Psychological Corporation Test for Entrance to Schools of Nursing and then accepts on a first come, first serve, if the 40 percentile is reached in verbal and reading skills and the 30 percentile in arithmetic. Program B gave a pre-entrance test for guidance purposes and offered remediation to poor students with assurance of a place in the class upon completion. Program D requires a math placement test as well as make up courses, if high school transcripts are deficient in biology, chemistry, and basic mathematics prior to entrance into nursing. Up to this Spring, they utilized a first come, first serve policy but found it to be "too costly in terms of students who insisted on getting in without proper/necessary background and subsequently did not pass." Consequently, the inclusion of this program on this list if perhaps a misplacement since the method has not been subjected to possible reaction while their prior method admittingly was distraught with reaction from "EVERYBODY."

In light of the local reaction of Board of Trustees, legislators, college administrators, and other college faculty and staff, it would seem of interest to ascertain which policy systems brought reaction from each of these sectors.

CHART XX

REACTION TO SPECIFIC SECTORS
TO DIFFERENT ADMISSION POLICIES IN COMMUNITY
COLLEGES IN THE STUDY POPULATION

Process Utilized	SECTOR REACTION							
	Rejected Students	Parents	Employers	College Administration	Board of Trustees	High Schools	Legislators	Other College Staff
* "First come, first serve" acceptance until quota is reached.	1	1	1	1	1	1	1	1
"First come, first serve" after testing until quota is reached								
Highest scores on testing accepted.	3 (1)	2 (1)	1			1 (1)		1 (1)
Distinctive high school performance and recommendation	3 (1)	2 (1)				1 (1)		1 (1)
Determined by interview	3 (1)	2 (1)				1 (1)		1 (1)
Random selection to provide equal opportunity	1	1	1					
OTHERS SPECIFIED BY COLLEGE:								
Quota system - 50% random and 50% high school graduates	1	1	1	1	1	1	1	1

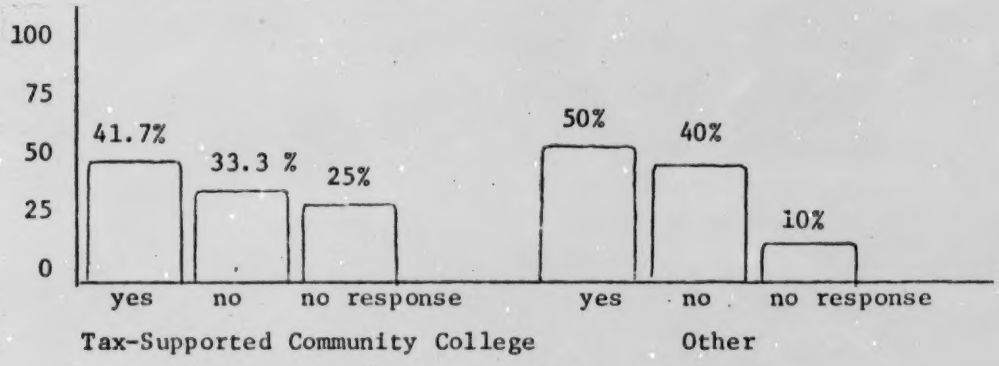
(1) indicates only schools that had a different testing procedure for the nursing department.

* This was the response of Program D from a previous chart who had up until this Spring utilized this method.

While the limitations of this particular aspect of the study lie in the small sampling, it does seem to indicate that, for the most part, it is parents and rejected students who make the most objections to the admission policies to colleges. The high school sector and other college faculty and staff reacted when the policy for the one department strayed from overall college policy and utilized specific testing procedures. The "first come, first serve" procedure brought about a strong "We hear from EVERYBODY - we always have." The quota system was described as a 50% random selection to provide equal opportunity for those who meet minimum qualifications and 50% between new high school graduates and those who have completed 21 or more college units in proportion to the number applying. While of fairly recent introduction, there has been reaction, though the questionnaire seemed to indicate an expected acceptance as it is used more.

In order to ascertain again the impact of reaction and influences applying pressure on the nursing programs, the question was asked, "Do you plan to study or change your policy in the near future?" Though 7 respondents among the community colleges indicated reaction to the methodology presently utilized, only 5 indicated a plan to study or change. Among other colleges where there were 5 who did indeed feel pressures from external forces, there were also five who planned to study or change the policy in the future. Two of these five were among the three programs in this catagory who advocated an "open door" policy and utilized in both instances the highes scores on testing only.

CHART XXI
INDICATION OF PLANS TO STUDY AND REVISE ADMISSION POLICY IN THE NEAR FUTURE AMONG STUDY POPULATION



In summarizing the results of the assessment of policies in other programs, namely; those selected participants from the Open Curriculum Project in Nursing Education the following might be noted:

a. There is an oversubscription of applications to nursing programs across the country and these are not singular to any specific educational approach.

b. These are widely diversified methods utilized in both testing and utilizing the results for acceptance into the nursing curriculum.

c. There seems to be many interpretations to the "open door" concept based mainly on interpretation of minimum qualifications for entrance.

d. No one method of admission emerges as a way of avoiding pressures from sources within or external to the college.

e. The majority of colleges are aware of the complexity of the problem that addresses itself to how best to meet the demands of"open door," affirmative action, equal opportunity, etc., while at the same time handling the problem of oversubscription of applications to the programs.

Of the Development of Alternatives

The development of alternatives was based on the research of this paper and the combined experience and knowledge of the people who made up the ad hoc committee; namely, the assistant to the President, the Stanton Campus director, the deans of students from the two campuses with nursing programs, counselors engaged in the process, and the head of the nursing department. Several options were listed after much brain-storming and consultation.

OPTION I - Take All Qualified Applicants

This option, certainly at face value, would meet all the requirements set down by the Board of Trustees when they wrote the original philosophy and objectives. It would provide individuals of all ability levels with access to the program of their choice. The criteria of the National League for Nursing Department of Associate Degree Programs would also be fulfilled since it would not differentiate the policy for admission of nursing students from any other admission policy in the college. Students

would be very happy with the policy and the external pressures would be lifted immediately. The college too would profit by the system as it would surely effect an increase in enrollment. There would be little difficulty in administering such a policy since the burden of selection would be lifted once the basic qualifications were determined.

Though the discussion of the advantages of this option seem to be a simplistic resolution of the problem, there are many reasons why such a solution is neither realistic or feasible. Perhaps, the most outstanding of these is based on the two-fold aspect of a nursing program. Theoretical as well as clinical experiences comprise the curricula and therefore, much of the program must develop beyond the doors of the college. Here (and again this is a problem in many geographic areas of the country) the situation has developed where too many students from various levels of nursing education are competing for very limited experiences in clinical facilities. This is especially true in specialty areas where admissions to institutions have markedly decreased for many socio-economic reasons. Pediatrics and Obstetrics are good examples of these. In Delaware for instance, there are seven schools of nursing representing approximately 700 students per year attempting to provide experiences for each in these vital areas at one general hospital. Saturdays and Sunday experiences are being utilized as well as evenings until midnight. No other hospital provides adequate maternity experience and because of underutilization, the problem is being compounded by decisions to terminate the service in some of the smaller hospitals. Psychiatric nursing experience is also a major problem. Twelve programs, in and out of state, utilize the state facility because private institutions seem to prefer policies that they feel better protect the confidentiality and privacy of the people they serve.

The problem has been recognized within the state as seen by the statement made by the Delaware State Board of Nursing in the letter recommending initial approval of the associate degree nursing program of Delaware Technical and Community College (1973).

Approval was contingent upon:

> "Arrangements for clinical experiences that do not encroach upon experiences of existing programs. The Board has evidence that several of the specialized patient care areas in New Castle County are utilized to their capacity during the daytime period."

Besides this very crucial deterrent to the acceptance of this option, there are several others. Finding qualified faculty for the program continues to be a problem in this geographic area. Further, if this option were adopted, the number of faculty needed would be subject to change each year depending on student applications received. This certainly would negate long range planning especially in budget preparation. At the present time to accept all applicants would triple the planned for class and necessitate hiring at least 13 additional faculty and an equally substantial increase in budgetary request from the state legislature. In a state where already the budget is under severe distress, this would be an impossibility. There is also the very real fact that if the college were to accept all applicants, there would be a severe overcrowding of classroom and campus lab facilities, a dirth of soft and hardware for individualized learning, and a lack of library space and holdings to meet the increased load for which there was no long range planning. Finally, while there is every indication to believe that there still exists a need for graduate nurses in Delaware, these needs have been projected and planned for through studies done by the Governor's Council on Comprehensive Health Planning. To increase the enrollments substantially beyond those planned for may well create an oversupply of graduate nurses in this geographic area.

OPTION II - <u>Take on a "First Come, First Serve" Basis with Applications Received by Mail Until Quota is Reached</u>.

This option has long been a commonly utilized one in all levels of higher education. It allows for a very valid reason for non-selection; namely, "your application came too late. Our quota was filled." It is relatively easy to administer. The student who applies can know almost immediately, if he or she is

accepted. On the surface it would appear to be non-discriminatory while in essence it could well be the most discriminating of all since acceptance is dependent on applicants awareness of the policy and the time element involved, perspective students ability to act upon a decision to apply early, and the reliability of the mail service coming from the applicants home. The new high school student is especially prone to unequal opportunity by this method. Because October 1st is the colleges' official date for beginning to accept applications for the following Fall, many high school seniors are not ready at that point to finalize their career decisions. The socially and educationally disadvantaged also seem to be in a bad position for they too are not traditionally known to be early admission seekers. In actuality, this option works very well in the community college "open door" concept for all areas except those which are oversubscribed because of popularity or job market availability. It was used for two years at Delaware Technical and Community College for the nursing department, but was determined most unsatisfactory since the competitiveness for the available spaces in the program created the situation where by 4:00 PM on the day of October 1st, there were already more applications than could possibly be accepted for the following year. Nor was there any way of discerning from among the pile of applicants received that very first day, which had in essence "come first." The option still leaves a void as to what to do with applicants not accepted. Do they try again next year, hoping for better mail delivery or does the college begin a waiting list?

OPTION III - <u>Take on a "First Come, First Serve" Basis But Require Application to be Handed In by the Applicant</u>.

This option carries with it the same basic advantages as Option II. What it attempts to offset is the dependency on what is already recognized as the inefficiency of the mail delivery service. Taking into consideration though, the results of the mail experience with its heavy barrage of applications on

the first day, and recognizing from the external pressures applied by unhappy rejected applicants, the competitiveness for admission to the program, and fearing the possible mob psychological effects of having a day announced as acceptance day for hand carried applications with possible early morning lines forming and/or riot activity over placement in line, this option has never been tried. The same possibilities of discrimination also exists as in the 2nd option with the addition that many, because of home obligations, work responsibilities, or dependency for transportation would be unable to get to the college at the specified time. Based on past experience too, this "time" could well be an administrative advantage, in that all applicants for this program could be received probably in one hour or less, and processing began on all almost immediately reducing secretarial assistance needed for filing and processing over weeks or months.

OPTION IV - Utilize a Selection Process on An Annual Basis By Random Selection With An Admissions Period Set.

This is the option put into action for the selection of the class for the Fall of 1975. The system seems to provide for equal opportunity for all applicants, though many may argue that high school students, the educationally disadvantaged and many minority applicants may not be at the point of making a career decision so early in their senior year of school. Many of the advantages of option one are experienced with this system including the adherence to community college philosophy and the dictates of the Board of Trustees of Delaware Technical and Community College for openness of all programs to individuals of all abilities and the counsel of the National League for Nursing who emphasize that the associate degree nursing programs were never intended to be highly selective in admissions but rather respondents to the availability characteristics inherent in the community college concept.

The main problem seen almost immediately during the process

of implementing this methodology was that of the applicant who has made multiple attempts to gain entrance into the program and who may have accumulated anywhere up to 100% of all the required general education courses. These are never assured either preference, greater opportunity, or guaranteed admission and could conceivably meet with increasing frustration and disappointment year after year. Actually, this was experienced during the first year of use of the system. Frustrations turned to anger and thus began the public reaction and pressures to influence change. This process too is cumbersome administratively and could well be subject to affirmative action and/or civil rights disciplinary action, if a class was not proportiately populated with minority and/or male students. Only recruitment efforts based on the principles of affirmative action could offset the results of a class so selected that was devoid of one or other of the minority groupings.

OPTION V - Utilize a Random Selection on An Annual Basis that Offers Progressive Chances for Multiple Year Applicants With a Guaranteed Admission After a Specified Period of Time.

Like Option IV, this is again an attempt to offer equal opportunity for all interested and qualified applicants to gain entry into the program of their choice and thereby, accede to the wishes of both the Board of Trustees, and the National League for Nursing. There is an attempt further in this methodology, to offset the problems that followed the implementation of Option IV. The second time applicant would have twice the chance in the random selection process. (Understandably, if this were selected as the option of choice, the selection could no longer utilize only the last 4 digits of the social security number). At a specified time, suggested as the third year, the applicant would be guaranteed a space in the class. This option is based on and dependent upon the assumption that students will not remain steadfast in their willingness to wait possibly 3 years for admission. If all did in fact, the process would be-

come ineffective and very discriminatory and unjust within a short time. To illustrate, there were 108 of the qualified 168 applicants this year who were not accepted. If all of these were to attend college for general education subjects and re-apply next year along with possibly a conservative number of 150 more new applications, we would have 258 applications in 1975 for 60 spaces. Even if all, which is very unlikely in random selection, of the class were from among the re-applications, there would still be 48 qualified who would thus be assured a place the third year. While a one hundred percent persistence in application is a little unrealistic, the result is very realistic and year after year would see more and more guaranteed admission slots negating opportunities for any recent high school applicants. There is also some question as to the legality, equal opportunity-wise, of an option that allows for increasing odds for acceptance based on re-application.

OPTION VI - Initiate a Rolling Admissions System With Random Selection the First Year and Excess Students Placed on a Waiting List and/or Offered Admission for Subsequent Years.

The standard waiting list is another method commonly utilized by admission departments faced with oversubscription. It has a relative ease in administration since it simply necessitates informing students, once the initial class is randomly selected, that they are number X on a waiting list and therefore, could expect a guaranteed admission to the program by such and such a date dependent on the quota to be reached each year. The method is easily understood and accepted by the public sector who feel it at least is honest in informing the applicant of his/her status with the college.

This system is beset too with inherent problems. Despite the theoretical simplistic methodology it seems to display, it does not in actuality really let the student know exactly where she is on the list, since the numbers are generally not changed from time to time as applicants on the list elect to remove their names, with or without informing the college of alternate

career decisions, acceptance into other programs, relocation or for multiple other reasons. While the guarantee by a certain date is still there, planning by the individual would be difficult since it may well be that an expected 3 year admission wait could become a next year acceptance. Some institutions utilizing this method have experienced up to 5 year waiting lists. Others to offset this have reverted to waiting lists with a stipulation attached. For some, it is a $50 non-refundable deposit to "hold a place." In other instances it is a reverting to higher selectivity policies. This has been recommended highly in the options suggested by some members of the ad hoc committee at Delaware Technical and Community College. The use of one of the nationally prepared pre-nursing entrance exams has been suggested with a fairly high cut-off point. This would in actuality not only assure a very good chance for success of all students in the academic work required but would also keep the admission list to a realistic minimal waiting period.

The rationale of this proposal is wrought with many complicating and discriminatory factors. First, we know that standardized tests as the National League for Nursing Pre-Entrance, Dr. Smeltzer Psychological Pre-Nursing and the Psychological Corporation Pre-Nursing Tests, are all predictors, with varying amounts of validity, of the success of the middle class, white, young, female, high school graduates in a nursing education program. The validity of any of these tests for older applicants (and these comprise much of our community college population) is very questionable. Further, it has been demonstrated locally that in a seven year history of a school that utilized such a standardized testing procedure with a 40 percentile cut-off, not a single minority student was admitted. Yet, we know that minority students who have experienced an education devoid of advantages available for the more affluent society, can succeed, given the opportunity and proper remediation. A study conducted by the writer and published in Nursing Outlook (1971) demonstrated this point. A year long remedial program at a diploma school of nursing for 20 perspective students who tested below the 5-10

percentile on a standardized test in all areas resulted in 17 of them being qualified for admission to nursing program. Subsequently, 15 of them have successfully completed their program and passed the State Board Examinations.

Looking at the situation from the other side, i.e., the side of the advotees of strict adherence to basic community college philosophy offering equal opportunity for all with remediation to offset failures etc., there is much to be found statistically to speak against the adoption of an option with an inherent need to raise admission standards. In the Facts About Nursing (1973) publication, it is recorded that in 1971-1972 there were, in an 80% response of 1,377 registered nurse programs in the country, 43,645 graduates. Of these 6.3% or 2,730 were black minority. In the associate degree programs among these 1,377 programs, 10% of the graduates were black. It seems valid to infer that the lack of stringent admission criteria and non-use of standardized pre-nursing tests in community colleges made it more likely for minority students to be accepted.

A look at thesame book of statistics in the area of admissions of licensed practical nurses is also significant since many of these were in their initial programs because of inability to pass standardized testing in traditional nursing school settings. In 1972, 4,427 LPN's were admitted to 696 RN programs. Associate degree programs appeared to be the most popular choice of programs. Eleven percent of associate degree nursing admissions were LPN's. Graduates from these same programs who were prior LPN's were computed as 14%. Again, it can be infered that the de-emphasis on testing and the open door concept of the associate degree programs in community college settings made continued education a reality for many licensed practical nurses.

Still another problem inherent in the concept of a waiting list is the discriminatory factor against the recent high school graduate. It has been noted,that in some instances,a person desirous of moving directly into nursing education upon graduation from high school would have to make application as an early junior

high school student under such a system. Consultation with leaders in associate degree nursing education from the National League for Nursing seems to indicate that the system utilizing a waiting list is very often disregarded because of the many problems it does create.

OPTION VII - Set Up a Waiting List Made Up of All Students Who Have Completed All General Education Courses With a Specific Grade Requirement.

Utilizing this option, the student again would know immediately what was required before assurance of acceptance on a waiting list for the nursing component. The requirement of a specified grade is a motivating as well as a screening factor. There would be assurance that all students coming into nursing could manage the complexity of college level material. Further, they would be past the orientation stage to college and would hopefully have established good study habits. For the student directly out of high school, the process would allow for at least an additional year of maturity building. Finally, having the general education requirements completed, would allow the student to spend full time with the nursing component and thereby, complete more quickly.

On the other hand, for many students and especially among students from otherwise educationally disadvantaged situations, this method would increase frustration levels. These need to feel close proxmity with that career of choice and many state their choice of the community college over the senior college was based on early acquaintance with their technology of choice. One would question, if such a process would indeed increase attrition rates rather than lessen them. The option too puts greater pressure on the instructors from the general education areas. The realization that their decisions regarding grades for the students are selective factors in the students chance for admission into the nursing program, makes many of them uncomfortable and, as has been demonstrated in a situation where a passing grade in a single science course was used as a prerequisite for entrance, it makes them unwilling to assume the

responsibility of giving a failure grade since they see it unfortunately as a detriment to the students attainment of goals, rather than a possible prevention of further failure.

The option also is questionable educationally because of the time span which prevents correlation and integration of learning.

It has been demonstrated in a community college in a nearby state that the method does in fact have advantages over the traditional waiting list. It would seem though, that eventually the backlog of students might again create problems. Only experience would bear this out.

OPTION VIII - Take the Best Academically Qualified Applicants By Standard Procedures (Test Scores, High School Rank, etc.)

This option would quiet the objectors who presently feel that only the most qualified should gain access to the nursing profession. Administratively it could be done with a fair amount of ease for a profile listing would indicate a students proximity to what would be defined as academically qualified. The very best after a cut-off point in accepting applications would be selected. The student would know immediately of his status with the college and also be able to predict the possibility of gaining access the following year based on test results, etc. Generally the public would have mixed reaction to the process. Many, alert to traditional admission policies in institutions of higher education would laud it as effective and efficient and fair to the profession. Others aware of the philosophy behind the community college and conscious of the intent of affirmative action, civil rights, equal opportunity, etc., would attack it forcefully as anti-minority, anti-community college philosophy, and anti-equal opportunity. The Womens Liberation Movement would also respond seeing in it another attempt to keep highly qualified women "in their place" i.e., on a level in a profession that is below their basic ability. In this same vein, one would question the justice to the student who

should be advised to begin in the nursing program leading to a baccalaureate degree initially. Finally, in light of the legal decisions in the past, one would also question the legality of a tax-supported, federally funded program having the option to adopt such a highly selective process for admission.

OPTION IX Suggests Setting Up an Admissions Committee With Selection Criteria Based on High School Rank, Test Scores, Interview, Affirmative Action Programs, College Philosophy and Area and State Needs.

The very stating of this option seems to point to a "cop out" -- a fleeing from the decision. By appointing an "objective" committee (whose decision of necessity would eventually be very subjective), it would seem that the burden of answering to the public regarding frustration or anger over rejection could more easily be assumed by a group than by one. Generally, it is felt that the public accepts a collective opinion over that of one and despite the availability of valid criteria upon which to base decisions regarding each selection factors, they would accept subjectivity here because it was determined collectively.

The problems here are almost as many as the collective problems of all the options mentioned thus far. The committee from the very start would face the dilemma of how much weight they would assign to each of the criteria looked at. If, one weighed too heavily, they may well increase the wrath of pressure groups for equal opportunity or civil rights. If, they looked at test scores too heavily they meet the problems discussed under Option VI. Administration may be constantly under fire by angry rejected applicants who would first question the make-up of the committee.

OPTION X Take for the First Year One-Third of the Class From Those Best Qualified, One-Third By Vote of an Admission Committee and One-Third By Random Selection. For the Next Years Utilized the Rolling Admission Process.

The advantages of each of the collective methods encompassed in this single option have already been discussed under their respective options. To combine would on the surface seem to assure acceptance of a fairly well scattered and representative group of students. It would gain favorable response from many of the external pressure groups. After the first year, like the rolling admissions discussed under Option VI, there are more adherent disadvantages than seemingly advantages. Faced with the prospect of the initial selection, there would seem to be much confusion. Whose responsibility would it be to make the determinations as to which third to select first? If the one-third best qualified were selected first, would those not selected fall into the catagory for random selection and thereby, have increased odds? Legally could this be accepted as equal opportunity for all and could it be considered compatible with the college philosophy?

OPTION XI <u>Utilize a Quota System that Would Determine a Certain Percentage Based on Applications Received to Be Selected from Various Age Groups, Minorities, Males, LPN's, etc., After a Set Admission Period</u>.

At face value, this option seems to possibly hold many of the answers to the problems of admission selection. If, for example, 15% of applicants are black, then 15% of the class spaces will be selected from among the blacks. If 10% are LPN's, then 10% of the class slots would be filled by LPN's, etc. If recruitment followed the dictates of affirmative action group, this should not evoke negative reaction from the public except perhaps, from those who advocate high selectivity. Administratively it follows the philosophy of the college but presents a cumbersome system to execute. Besides being dependent on applicants to offer information willingly regarding ethnic background, the process may be further complicated by the emergence of applicants who could fit into two or more categories. To arbitrarily place in one without subsequent selection, may elicit from them objection to not being placed in another where odds may have been better. To include the name in all eligible areas is also unfair, since it again increases the likelihood of selection over others.

OPTION XII - Utilize a Quota System that Would Allow a Random Selection Among Two Groups; Namely, New Applicants, and Previous Applicants Dependent On the Percentage of Applications Received From Each Group During a Set Admission Period.

This option attempts to take all the advantages of Option IV and correct the problems described therein. By looking at all the applications received during the set admission period and determining what percent of them are prior applicants, there is a quota set for the class. Random selection then determines which students are admitted. All the problems, though, are not solved for the problem of the student who completes all general education subjects and still is not assured entrance remains. There may also be a question raised because of the possible wide range in the percentage between the two groups, if everyone would thereby receive equal opportunity in the random selection process.

CHART XXII
OPTIONS DEVELOPED FOR ADMISSION
METHODOLOGIES FOR NURSING PROGRAMS
IN COMMUNITY COLLEGE EXPERIENCING OVERSUBSCRIPTION
OF APPLICATIONS

I. Take All Qualified Applicants

II. Take on a "First Come, First Serve" Basis with Applications Received by Mail Until Quota is Reached

III. Take on a "First Come, First Serve" Basis But Require Applications to be Handed In by the Applicant.

IV. Utilize a Selection Process on An Annual Basis By Random Selection With An Admissions Period Set

V. Utilize a Random Selection on An Annual Basis that Offers Progressive Chances for Multiple Year Applicants With a Guaranteed Admission After a Specified Period of Time

VI. Initiate a Rolling Admissions System With Random Selection the First Year and Excess Students Placed on a Waiting List and/or Offered Admission for Subsequent Years.

VII. Set Up a Waiting List Made Up of All Students Who Have Completed All General Education Courses With a Specific Grade Requirement.

VIII. Take the Best Academically Qualified Applicants By Standard Procedures (Test Scores, High School Rank, etc.)

IX. Suggests Setting Up an Admissions Committee With Selection Criteria Based on High School Rank, Test Scores, Interview, Affirmative Action Programs, College Philosophy, and Area and State Needs.

X. Take for the First Year One-Third of the Class From Those Best Qualified, One-Third By Vote of an Admission Committee and One-Third By Random Selection. For the Next Years, Utilize the Rolling Admission Process.

XI. Utilize a Quota System that Would Determine a Certain Percentage Based on Applications Received to Be Selected from Various Age Groups, Minorities, Males, LPN's, etc., After a Set Admission Period.

CHART XXIII

SUMMARY OF FACTORS IN THE OPTIONS
DEVELOPED FOR ADMISSION PROCESS
FOR NURSING PROGRAMS IN COMMUNITY COLLEGE
EXPERIENCING OVERSUBCRIPTION OF APPLICATIONS

KEY

\+ present
\- absent
? could be either

NON-DISCRIMINATORY REGARDING:	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
Specific ethnic/minority groups	+	?	?	+	+	?	+	-	?	?	?	+
Specific age groups	+	+	+	+	+	+	+	-	?	?	?	+
Recent high school grad	+	?	?	?	?	-	?	?	?	?	?	?
Dates of application submission	+	?	?	?	?	+	+	+	+	+	+	+
Basic academic ability requirement	+	+	+	+	+	+	+	-	+	?	+	+
Testing procedures for admission	+	+	+	+	+	+	+	-	+	+	+	+
Students with completed general education requirements	+	+	+	-	+	-	+	+	?	?	+	+
Student with prior nursing experience	+	+	+	-	+	-	+	?	?	?	+	+
EASE IN ADMINISTRATION OF PROCESS	+	+	+	-	-	+	+	+	?	?	-	?
STUDENT AWARENESS OF STATUS AT ALL TIMES	+	+	+	-	+	?	?	+	?	?	-	-
FINANCIALLY FEASIBLE	-	+	+	+	+	+	+	+	+	+	+	+
PROBABLE ACCEPTANCE BY PUBLIC	+	?	?	-	?	?	?	?	-	?	?	?
PROBABLY WITHIN SCOPE OF THE LAW	+	?	?	?	?	?	+	-	-	?	?	+
ADHERES TO CRITERIA FOR ACCREDITATION	+	+	+	+	+	?	?	-	?	?	+	+
FEASIBLE WITH REGARDS TO FACULTY, CAMPUS, AND CLINICAL FACILITIES	-	+	+	+	+	+	+	+	+	+	+	+
TOTALS +	13	10	10	7	10	7	11	6	5	4	8	11
?		5	5	3	4	5	4	3	8	11	5	3
-	2	10	10	5	1	3	0	6	2	0	2	2

V. RECOMMENDATIONS

At the time of this writing, there has already been set into operation a process within the organizational structure at Delaware Technical and Community College that will utilize the work of this study and react to the recommendations made. As suggested in the practicum proposal and documented in the areas of Background & Significance and Procedures in this report, there has been mandated by the Board of Trustees, an ad hoc committee to study the problem with alternate solutions and to arrive at a single recommended process that would not only solve the immediate problem facing admission to the nursing program, but also to any other program in the future faced with a similar situation of oversubscription of applications to the area. At a mid-point in this study, the writer was asked to serve on that committee. After an initial discussion of the ramifications of the problem and its historical development, the group brain-stormed to come up with options that could be considered to replace the present system. A packet of supportive data was requested of the writer to document and further elaborate on some of the recommended options and to indicate more clearly the complexity of the problem. These were presented to the Board of Trustees at a recent meeting by the chairman of the ad hoc committee without making recommendations since there was felt no urgency at this point for a definite decision. (The class for the Fall has already been selected.) In the months ahead, the results of this practicum will be shared with the total committee along with the following recommendations.

1. A random selection on an annual basis that offers progressive changes for multiple year applicants with a guaranteed admission after a specified period of time (Option V) should be recommended to the Board of Trustees as the method with the least number of evident problems. It should be recognized that the possible identified problems should be anticipated and if they do evolve, modifications may be necessary. (It may be noted from Chart XXIII that Option V does not appear in the talley of strengths to be the strongest option. Option I while imbued with great strenths, was operationally impossible. Option II &III were negated because of past experience and the inherent discriminatory practices. Option VII does not fit into the college philolosophy and experience that suggests the value of an

"on hands experience"forall students in a specific technology for motivation purposes. Finally, Option XII, while looking strong, retains the basic feature that initiated much of the public pressure that resulted in this study.)

2. After adoption of the policy, there should be an intensive public relations program to make it known, understood and hopefully, accepted by any portion of the public affected.

3. There should be recommended a re-affirmation of the colleges commitment to the philosophy of equal opportunity with adequate public relations to assure understanding by the public.

4. Discriminatory practices already inherent or proposed in some department admission policies should be studied and altered unless they are mandated specifically by outside certifying or accrediting bodies.

It is hoped that there will be a change that will continue to uphold the "open door," equal opportunity philosophy of the college and at the same time provide enough leeway to make it understandable and acceptable to the general public.

APPENDIX

QUESTIONNAIRE REGARDING
ADMISSION POLICY FOR STUDENTS INTO NURSING

_____
NAME OF SCHOOL

1. Is your program:

_____ a private diploma school of nursing.

_____ a tax supported community college.

_____ a private two-year college.

_____ a senior college or university.

2. Are you part of an institution that has the "open door" concept as part of it's philosophy? _____ yes _____ no

If yes, is this modified for the nursing department? _____yes _____ no
Explain:

3. Are your students tested any differently from other students in your institution? _____ yes _____ no

If yes, how and why?

4. What test and results are minimal requirements for acceptance into the program?

TEST	MINIMAL SCORES FOR ACCEPTANCE
_____	_____
_____	_____
_____	_____

5. What high school expectations are adhered to:

_____ must be in upper 1/2 of class.

_____ must have one year of biology.

_____ must have one year of chemistry.

_____ must maintain a A-B-C average (circle which)

_____ must have a basic math course.

6. Do you require of students any prerequisites to begin nursing?

_____ remedial work in areas of weakness as demonstrated on testing.

_____ general education courses not taken in high school but required in the nursing program.

7. Do you receive more applications than you can accept into nursing each year?

_____ yes _____ no

8. Which of the following do you utilize in handling these applications? (Check Only One)

"first come, first serve" acceptance until quota is reached. _____ yes _____ no

"first come, first serve" acceptance after testing until quota is reached. _____ yes _____ no

highest scores on testing accepted _____ yes _____ no

distinctive high school performance and recommendation. _____ yes _____ no

determined by interview. _____ yes _____ no

random selection to provide equal opportunity. _____ yes _____ no

a percentage distribution method that would select from specific groups such as age levels, sex, experience, etc. _____ yes _____ no

Other _____ _____ yes _____ no

9. If your method satisfactory for your situation? _____ yes _____ no

If no, why not?

10. Have you experienced outside reaction to your admission policy? _____ yes _____ no

If yes, from whom: _____ rejected students _____ high schools

_____ parents _____ legislators

_____ employers _____ other college faculty or staff

_____ college administration

_____ Board of Trustees

11. Do you plan to study or change your policy in the near future? _____ yes _____ no

If yes, why?

12. Is your admission process carried out totally by:

_____ Student Service Department (Counselors, Registrar, etc.)

_____ Department of Nursing.

_____ Both.

13. Are students interviewed prior to admission by:

_____ the Counseling Department (or equivalent)

_____ the Department of Nursing.

_____ Both.

14. Is this process of interviewing the same in all departments of the institution? _____ yes _____ no

15. Do you offer a remedial program for students desiring nursing who do not meet basic requirements for nursing? _____ yes _____ no

If yes:

How long is this program _____ 6 months to 1 year.

_____ individualized as needed.

Are these students retested at the end of the remediation _____ yes _____ no

If yes, how?

Are these students assured a place in the class upon completion of remediation _____ yes _____ no

Would you be interested in a summary of the returns of this questionnaire?

_____ yes _____ no

If yes, please send name and address:

_____

_____

_____

_____

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